



# PROFESSIONAL MEDICAL STAFFING, INC.

*Creative and compassionate supplemental staffing*

## **EMPLOYMENT VERIFICATION/ REFERENCE REQUEST**

Attention: \_\_\_\_\_

Facility: \_\_\_\_\_

The individual named below is applying for a position as

\_\_\_\_\_ and has provided your name as a reference. As we place great importance on the thorough screening of all of our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance.

\_\_\_\_\_  
Professional Medical Staffing, Inc.

**Applicants please sign and date below the dashed line**

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### Applicant Release

Applicant: \_\_\_\_\_  
Last First MI Maiden

Position held: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Eligible for rehire: yes \_\_\_\_\_ no \_\_\_\_\_

### **PLEASE RATE THE EMPLOYEE ON THE FOLLOWING**

	Excellent	Good	Fair	Poor
Attendance				
Reliability				
Accountability				
Performance				
Honesty				

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of Professional Medical Staffing, Inc. and other requesting third parties on a need to know basis. I also release Professional Medical Staffing, Inc. from all liability for any damages from the disclosures of this information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

PLEASE FAX BACK TO: 330-505-9770 Attn: HUMAN RESOURCES