

Medical Staffing Partners

Reference Release

The following individual has registered with Medical Staffing Partners for employment. He/She has listed you as a former/current employer. We would greatly appreciate your assistance in properly evaluating this candidate for employment. All information is confidential.

Applicant Name	Social Security Number
Employer	Position Held Dates
Employer Address	City State
Supervisor / Contact Person	Contact Number

I grant permission to the Employer listed above to release information to Medical Staffing Partners regarding my performance while employed at the above facility. I understand that a photocopy of this authorization would be accepted with the same authority as the original.

Applicant's Signature	Date
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Please rate the following attributes by checking the appropriate box below.

	Excellent	Above Average	Satisfactory	Below Average	Poor
Adaptability to Environment					
Attendance/Punctuality					
Attitude					
Dependability					
Professionalism					
Quality of Work					
Quantity of Work					
Team Player					

Is this individual eligible for rehire? Yes / No
 Additional Comments:

Tel: 800-896-4164
651-407-0300

www.medicalstaffingpartners.com

Fax: 800-544-2602
651-407-8977