

## Reference Release Form

Applicant name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Former employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_

The above named applicant is being considered for employment with our agency, and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form by fax at (903) 526-8601 or my mail in the enclosed, self-addressed, stamped envelope. Thank you for your assistance.

### Applicant's Authorization

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievements, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including, but not limited to defamation, interference with contract, prospective economic advantage, or negligence, that I have or may have in the future which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this request for information.

Applicant's signature: _____	Date: _____
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### Record of Employment

Position held: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Summary of essential duties: \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Salary at termination: \_\_\_\_\_ Eligible for rehire?     Yes     No

Please rate the following:	Excellent	Good	Average	Fair	Poor
Job Knowledge					
Accuracy					
Productivity					
Dependability/Attendance					
Overall Performance					

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

S:\Capstone Files\Capstone Medical Staffing\FORMS\Medical Staffing Forms\Enrollment Forms - Nurse-CNA\RN - LVN\Other Documents\Reference Check - Authorization.doc

**PLEASE FAX YOUR RESPONSE TO (903) 526-8601**  
 Or Call for Information (903) 526-8600