



REFERENCE REQUEST

CONSENT BY EMPLOYEE: _____
 (NAME USED WHILE WORKING FOR THIS EMPLOYER)

PREVIOUS EMPLOYER: _____

 ADDRESS

 CITY STATE ZIP CODE

SUPERVISOR: _____
 NAME TITLE

THE PREVIOUS EMPLOYER LISTED ABOVE HAS MY CONSENT TO RELEASE ANY INFORMATION TO AS NEEDED STAFFING PERTAINING TO MY EMPLOYMENT. I ALSO AUTHORIZE AS NEEDED STAFFING, TO DISCLOSE THIS REFERENCE TO ANY OF ITS CLIENT INSTITUTIONS.

 SIGNATURE SOCIAL SECURITY NUMBER

EMPLOYER: THE INDIVIDUAL NAMED ABOVE HAS APPLIED FOR EMPLOYMENT WITH AS NEEDED STAFFING. TO IMPLEMENT OUR SCREENING PROCESS, WE ASK THAT YOU PROVIDE THE INFORMATION LISTED BELOW. YOUR RESPONSE WILL BE HELD IN THE STRICTEST CONFIDENCE. THANK YOU FOR YOUR ASSISTANCE.

APPLICANT NAME: _____ **POSITION HELD:** _____

EMPLOYMENT FROM: _____ **To:** _____
IS APPLICANT ELIGIBLE FOR REHIRE? YES NO **IF NO, PLEASE EXPLAIN:** _____

1=SUPERIOR 2=EXCEEDS STANDARDS 3= MEETS STANDARDS 4= DOES NOT MEET STANDARDS
 1 2 3 4 1 2 3 4

PROFESSIONALISM					RELIABILITY/ATTENDANCE				
COMPETENCY					ADAPTABILITY				
ACCURATE DOCUMENTATION					QUALITY OF WORK				
INITIATIVE					TEAMWORK/COOPERATION				
COMMUNICATION SKILLS					FOLLOWS SAFETY PROTOCOLS				

COMMENTS: _____

NAME OF EVALUATOR: _____ **SIGNATURE:** _____

TITLE: _____ **DATE:** _____