

MedTrust Staffing Co

(Print and complete form, scan, and send the completed and scanned document to infor@medtruststaffingcompany.com)

Reference Release

(Print form, complete, scan, and send the completed and scanned document to infor@medtruststaffingcompany.com)

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: