



To: _____

Company: _____

Title: _____ Relationship to Candidate: _____

Fax #: _____ Phone #: _____

Date: _____ # of Pages: _____

From: _____

MedFirst Fax #: _____ MedFirst Phone #: _____

I, _____, have applied to MedFirst Staffing, LLC for employment as _____. You have my permission to provide MedFirst Staffing with the following information and I hereby release the company as well as the person providing this information from all liability or claims I may have as a result of the information provided. Since I may not be allowed to work until the reference information is provided, I would appreciate your prompt response. Thank you.

Applicant Signature Date

Social Security Number: _____

Dates of Employment: From _____ To: _____

Position: _____

Evaluation	Excellent	Good	Satisfactory	Fair	Poor
Job Knowledge/skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason for leaving: _____

Eligible for re-hire: Yes No If not, please explain: _____

Comments: _____

Signature

Date



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Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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