

First Call[®]

VERIFICATION AND REFERENCE FORM

The person listed below has applied for employment with *First Call*. We would appreciate your help verifying the information provided below and evaluating this person on the following confidential information.

Place of Employment _____ Position Held _____

Name of Applicant _____ Maiden Name _____

Dates Employed _____ Social Security Number _____

I hereby authorize *First Call* to collect and verify information regarding my qualifications and past employment record.

Applicants Signature _____ Date _____

Dates of Employment From _____ To _____

Are Dates Correct? Yes _____ No _____ Eligible for Re-hire? Yes _____ No _____

Reason For Leaving _____

PLEASE EVALUATE	EXCELLENT	GOOD	FAIR	POOR
Quality of Work				
Dependability				
Punctuality				
Attitude				
Appearance				
Judgement				
Patient Relations				

Comments _____

Signature _____ Title _____ Date _____