

# Medical Staffing Partners

## Reference Release

The following individual has registered with Medical Staffing Partners for employment. He/She has listed you as a former/current employer. We would greatly appreciate your assistance in properly evaluating this candidate for employment. All information is confidential.

Applicant Name			
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
-----------------------	------

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:

Tel: 800-896-4164  
651-464-1800

[www.medicalstaffingpartners.com](http://www.medicalstaffingpartners.com)

Fax: 800-544-2602  
651-464-1070