



315 West James St.
 Suite 103A
 Lancaster, PA 17603
 PH 717-925-1120
 FAX 717-326-1395

REFERENCE RELEASE

Please fill in this form and fax it back to Urgent Medical Staffing Solutions at 717-326-1395

APPLICANT		
Last Name:	First Name:	Middle Initial:
Employee SS No:	Employer:	Position Held:
Name of Supervisor:	Phone No:	Dates of Employment: From: ___/___ To: ___/___

The applicant named above has mentioned you as a current reference for previous employment. Please take a moment to evaluate the performance level you feel this candidate has shown in your experience while employed under your supervision.

Please check the appropriate bubble based on your evaluation of the following areas:

- Quality of Work: Excellent Above Average Satisfactory Below Average Poor
- Quantity of Work: Excellent Above Average Satisfactory Below Average Poor
- Attitude: Excellent Above Average Satisfactory Below Average Poor
- Dependability: Excellent Above Average Satisfactory Below Average Poor
- Cooperation: Excellent Above Average Satisfactory Below Average Poor
- Attendance & Punctuality: Excellent Above Average Satisfactory Below Average Poor
- Adaptability to Situations: Excellent Above Average Satisfactory Below Average Poor
- Appearance: Excellent Above Average Satisfactory Below Average Poor

Comments: _____

Is this candidate eligible for rehire? YES NO

Reference's Signature _____ Date _____

I have given Urgent Medical Staffing Solutions permission to call references on my behalf.

Employee's Signature _____ Date _____

The information that has been provided to Urgent Medical Staffing Solutions is permitted to be obtained for the sole purpose of securing future employment with our agency

FAX COMPLETED FORM TO: 717-326-1395
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