



Medical Staffing Solutions
16 East Main Street Forsyth, GA 31029
Office: 478-974-0075 or
1-800-732-2346 Fax: 478-974-0040
www.staffreliefinc.com

Employment Reference Form

Applicant: _____ SSN: _____
Employer: _____ Phone#: _____
Title: _____ Dates of employment? _____
Reason for leaving? _____

I hereby authorize Staff Relief Inc. to obtain past/present employment references including dates, job titles, performance and skills, and I furthermore release all such employers and their representatives from all liabilities for issuing this information to SRI.

Employee Signature _____ Date _____

To be completed by Employer:

- 1. Does the information above correspond with your records? Yes _____ No _____
2. Is the employee eligible for rehire with your facility? Yes _____ No _____

Table with 5 columns: Poor, Average, Good, Excellent and 17 rows of performance metrics like Honesty, Integrity, Response to correction, etc.

Other general comments:

Employer Signature _____ Date _____
Phone Verification by: _____ Date _____