

## EMPLOYMENT REFERENCE (1 of 2 Required)

**APPLICANT:** Please sign the release statement below and fill out the *Applicant Section* only. Two (2) references are required.

**EMPLOYER:** The person below has applied for a position with Trinity Healthcare Staffing Group, Inc. and has listed you as a previous Employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information will be kept confidential. **Please fill out completely.**

*I authorize the person or company completing this form to release all information regarding my employment with them. I release and hold harmless any individual, or company which is providing this information, both factual and opinion, to Trinity Healthcare Staffing Group, Inc. from any legal liability and from any damages that may result from the disclosure of this information.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I. Applicant Section * REFERENCES MUST REFLECT YOUR PRESENT SPECIALTY
Applicant Name (Print): _____
Facility Name: _____ Phone: (____) _____ Ext. _____
Supervisor Name and Title: _____ Phone: (____) _____ Ext. _____
Social Security Number: _____ Dates Employed (MM/YR - MM/YR) _____ TO _____
Employer Response
Respondent's Name: _____ Position: _____
Do the employment dates above correspond with your records? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please give correct dates: (MM/YR - MM/YR) _____ TO _____
Comments: _____
Position held during employment: _____ Unit worked: _____
Was this person ever disciplined for work related conduct or incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____
Is this person eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____
Reason for leaving: _____
Responsibilities and duties: _____
Comments: _____

*I acknowledge the above information is accurate according to the information made available or provided on the date listed below.*

Evaluator's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT REFERENCE Cont'd >>**

## EMPLOYMENT REFERENCE (2 of 2 Required)

**APPLICANT:** Please sign the release statement below and fill out the *Applicant Section* only. Two (2) references are required.

**EMPLOYER:** The person below has applied for a position with Trinity Healthcare Staffing Group, Inc. and has listed you as a previous Employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information will be kept confidential. **Please fill out completely.**

*I authorize the person or company completing this form to release all information regarding my employment with them. I release and hold harmless any individual, or company which is providing this information, both factual and opinion, to Trinity Healthcare Staffing Group, Inc. from any legal liability and from any damages that may result from the disclosure of this information.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

II. Applicant Section * REFERENCES MUST REFLECT YOUR PRESENT SPECIALTY
Applicant Name (Print): _____
Facility Name: _____ Phone: (____) _____ Ext. _____
Supervisor Name and Title: _____ Phone: (____) _____ Ext. _____
Social Security Number: _____ Dates Employed (MM/YR - MM/YR) _____ TO _____
Employer Response
Respondent's Name: _____ Position: _____
Do the employment dates above correspond with your records? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, please give correct dates: (MM/YR - MM/YR) _____ TO _____
Comments: _____
Position held during employment: _____ Unit worked: _____
Was this person ever disciplined for work related conduct or incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____
Is this person eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____
Reason for leaving: _____
Responsibilities and duties: _____
Comments: _____

*I acknowledge the above information is accurate according to the information made available or provided on the date listed below.*

Evaluator's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_