Medical Staffing RESOURCE™

PROFESSIONAL REFERENCE RELEASE

(This section is to be completed by the applicant)

Attention: _____

Position Held: _____

Facility: _____

Dates Employed: From: _____ To: _____

Address: _____

_____

_____

Phone #: _____

The individual named below is applying for a position as _____ and has provided your name as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you,
Medical Staffing Resource Representative: _____

APPLICANT RELEASE

_____ _____ _____
Last Name First Name Middle

_____
Maiden

SOCIAL SECURITY NUMBER: _____-_____-_____

I hereby release all liability the company and/or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of Medical Staffing Resource and other requesting third parties on a need-to-know basis. I also release Medical Staffing Resource from all liability for any damages from the disclosure of this information.

APPLICANT SIGNATURE _____

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