



8316 Macon Terrace, Suite 101 Cordova, TN 38018
Tel: (901) 737-3990 Fax (901) 737-9836

EAGLE MEDICAL STAFFING

REFERENCE REQUEST

In order that I may be considered for employment with Eagle Medical Staffing, I hereby authorize you to release records of employment and performance.

TO BE COMPLETED BY APPLICANT:

Facility Name: _____ Unit Size: _____

Dates of Employment: From: _____ to _____ Position Held: _____

Name of Applicant: (Printed): _____

Signature of Applicant: _____

TO BE COMPLETED BY CURRENT OR PREVIOUS EMPLOYER:

All information provided will be kept confidential.

	Poor	Average	Good	Excellent
Quality of work	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Competency	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____

Would you rehire this applicant? _____

Comments: _____

Name of Person completing reference: _____

Position Held: _____ Facility Phone Number: _____

Signature: _____

Please return form to:
Eagle Medical Staffing
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Cordova, TN 38018
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