

Millennium Medical Staffing, Inc.

Employment Verification

Name of Applicant: _____
 Position Applied for: _____
 SS: _____

OFFICE USE ONLY VERIFIED BY _____ Date _____

Contact Information

The person referred to below has applied for a position at Millennium Medical Staffing Inc. Would you kindly fill in the blanks below and return the information requested. This information will be kept strictly confidential. Thank You.

Name of Person Filling out form/Title: _____

Position Held by Applicant: _____

Relationship to Applicant: () Supervisor () Employer () Other: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Would you rehire? () Yes () No If No, Why? _____

<i>Character of Applicant</i>	Satisfactory	Unsatisfactory	Unable Evaluate
Quality of work			
Productivity			
Attendance			
Punctuality			
Initiative			
Cooperation			
Dependability			
Accepts constructive Criticism			
Additional Comments:			

APPLICANT RELEASE OF INFORMATION:	
I hereby release from all liability the company, institution or people named above and authorize them to release all information regarding my employment with them.	
* APPLICANTS SIGNATURE:	* Date: