

EXCEL HEALTH SERVICES Date _____

✓ EMPLOYEE REFERENCE CHECK

Excel Health Services **has my authorization to check my references.**

PRINT EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

Company Contacted: _____

Mr. / Mrs.: _____ is seeking employment with our company. It is our policy to ask for references prior to employment. Please complete this form for our records ***and slim below.*** We would greatly appreciate your assistance.

PLEASE VERIFY EMPLOYMENT DATES:

From: _____ to: _____

ELIGIBLE FOR REHIRE? YES NO

COMMENTS:

INFORMATION WAS RECEIVED BY: _____ Mail Fax

Name of company _____

(IF FAXED) Company Contact Signature _____

Signature of Agency Representative & Title

Date