



Rancho Cucamonga Branch:  
 8300 Utica Ave., Suite 192  
 Rancho Cucamonga, Ca. 91730  
 Phone 877-STAFF-98 Fax 866-337-0209

**REFERENCE REQUEST**

The following employment information must be provided to Staffing Helpers, in accordance with there stringent pre-employment requirements. I hereby authorize the release of my employment and performance records. I respectfully request your prompt response to this request for my employment information, as my future employment is dependent on your contribution.

**Employer Contact Information**

Facility Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Employee Information**

Name of Applicant (printed): \_\_\_\_\_

Name Used while employed \_\_\_\_\_ Position \_\_\_\_\_

Social Security # \_\_\_\_\_ Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**This portion is to be completed by the Employer**

	EXCELLENT	GOOD	AVERAGE	POOR
Quality of work / Competency	_____	_____	_____	_____
Attendance / Punctuality	_____	_____	_____	_____
Professional Conduct	_____	_____	_____	_____
Cooperation /Relationships	_____	_____	_____	_____

Comments: \_\_\_\_\_

Eligible for Rehire: \_\_\_\_\_ YES \_\_\_\_\_ NO      Still Currently Employed: \_\_\_\_\_ YES \_\_\_\_\_ NO

Sincerely, Name(printed) \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

The staff of Staffing Helpers, recognizes the many tasks you must accomplish daily. We appreciate the moments you spent completing this request. Your comments directly impact our ability to achieve our goal to continuously provide qualified healthcare professionals to facilities such as yours.

**Please return this document to our offices via mail or fax to:**

Sincerely,  
 All of Us at Staffing Helpers