



Specializing In Temporary
& Permanent Placement

410 N.E. 181st., Portland, Or 97230
Portland (503) 618-8367 or 618-TEMP (800) 683-0855 fax: (503) 492-2545

Reference Verification Fax Request

Employer _____ Ph# _____

Supervisor/Attention: _____ Fax# _____

Address _____ City/State/Zip _____

Candidate Name _____ Previous _____

Job title _____

Dates of Employment _____ to _____

I CONSENT TO ANY DISCUSSIONS REGARDING MY PERFORMANCE, AND I VOLUNTARILY AND KNOWINGLY WAIVE ALL RIGHTS TO BRING ANY ACTION FOR DEFAMATION, INVASION OF PRIVACY, OR SIMILAR CAUSE OF ACTION AGAINST ANYONE PROVIDING OR REQUESTING INFORMATION FROM DENTAL MEDICAL STAFFING INC. IT'S REPRESENTATIVES, OFFICERS, AND EMPLOYEES.

Signature _____ Date _____

Print Name _____

EMPLOYER TO COMPLETE BELOW: Please complete the bottom portion of this form and return by fax to 503-492-2545

Dear _____

The above mentioned candidate has applied for employment with our services and has provided your name as a current and/or former employer. We would appreciate your assistance in determining his/her qualifications by providing the information requested below. Please note the candidate has authorized the release of this information requested below. Thank you for your time.

Outstanding Above Average Average Unsatisfactory

Performance _____

Attitude _____

Reliability _____

Initiative _____

Interaction _____

Dates of employment correct? Yes ___ No _____

Job Title Correct? Yes ___ No _____

Would you rehire this employee?
Yes ___ No _____

Comments: _____

____ Check here and return by fax if you are interested in learning more about Dental Medical Staffing Inc.

Employer Signature _____ Date _____