

MEDICAL SOCIETY STAFFING, INC.

Main: (503) 227-2737 | Fax: (503) 222-3164 | Website: www.PDXStaffing.com

REFERENCE INQUIRY FORM

CANDIDATE: Please complete the top portion of this form and provide only employer/supervisor information. Please do not fax this form to the employer. Medical Society Staffing will handle obtaining the reference and faxing the form. Current employers will only receive this form once an offer of employment is accepted or candidate has authorization to check the reference.

Employer: _____ Phone: _____ Fax: _____
Supervisor: _____ E-mail: _____
Address: _____ City/State/Zip: _____
Candidate Job Title: _____
Dates of Employment: _____

I consent to any discussion 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 Medical Society Staffing, its representatives, officers and/or employees.

Candidate Signature: _____ Date: _____
Print Name: _____ Previous Name: _____

EMPLOYER: Please complete the bottom portion of this form and return it by fax to (503) 222-3164.

Dear: _____

The above mentioned candidate has applied for employment with our service and has provided your name as a current and/or former employer. We would appreciate your assistance in determining their qualifications by providing the information requested below. Please note the candidate has authorized the release of this information. What is provided to Medical Society Staffing will be kept confidential.

	Outstanding	Above Average	Average	Unsatisfactory	Not Sure
Work Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Patients/Customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths: _____
Weaknesses: _____

Are Dates of Employment correct? Yes No If no, please correct the dates: _____ to _____
Is the Job Title correct? Yes No If no, please correct the title: _____

On a scale from 1 – 10 (1 being poor and 10 being outstanding), please rate employee's performance: _____
Why did the employee leave? _____

If you had a comparable opening now, would you rehire the employee? Yes No
If no, please explain: _____

Would you refer this person to a colleague? Yes No
If no, please explain: _____

Additional Comments: _____

Employer Signature: _____ Title: _____
Print Name: _____ Date: _____

MEDICAL SOCIETY STAFFING, INC.

Main: (503) 227-2737 | Fax: (503) 222-3164 | Website: www.PDXStaffing.com

REFERENCE INQUIRY FORM

CANDIDATE: Please complete the top portion of this form and provide only employer/supervisor information. Please do not fax this form to the employer. Medical Society Staffing will handle obtaining the reference and faxing the form. Current employers will only receive this form once an offer of employment is accepted or candidate has authorization to check the reference.

Employer: _____ Phone: _____ Fax: _____
Supervisor: _____ E-mail: _____
Address: _____ City/State/Zip: _____
Candidate Job Title: _____
Dates of Employment: _____

I consent to any discussion 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 Medical Society Staffing, its representatives, officers and/or employees.

Candidate Signature: _____ Date: _____
Print Name: _____ Previous Name: _____

EMPLOYER: Please complete the bottom portion of this form and return it by fax to (503) 222-3164.

Dear: _____

The above mentioned candidate has applied for employment with our service and has provided your name as a current and/or former employer. We would appreciate your assistance in determining their qualifications by providing the information requested below. Please note the candidate has authorized the release of this information. What is provided to Medical Society Staffing will be kept confidential.

	Outstanding	Above Average	Average	Unsatisfactory	Not Sure
Work Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Patients/Customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths: _____
Weaknesses: _____

Are Dates of Employment correct? Yes No If no, please correct the dates: _____ to _____
Is the Job Title correct? Yes No If no, please correct the title: _____

On a scale from 1 – 10 (1 being poor and 10 being outstanding), please rate employee's performance: _____
Why did the employee leave? _____

If you had a comparable opening now, would you rehire the employee? Yes No
If no, please explain: _____

Would you refer this person to a colleague? Yes No
If no, please explain: _____

Additional Comments: _____

Employer Signature: _____ Title: _____
Print Name: _____ Date: _____

MEDICAL SOCIETY STAFFING, INC.

Main: (503) 227-2737 | Fax: (503) 222-3164 | Website: www.PDXStaffing.com

REFERENCE INQUIRY FORM

CANDIDATE: Please complete the top portion of this form and provide only employer/supervisor information. Please do not fax this form to the employer. Medical Society Staffing will handle obtaining the reference and faxing the form. Current employers will only receive this form once an offer of employment is accepted or candidate has authorization to check the reference.

Employer: _____ Phone: _____ Fax: _____
Supervisor: _____ E-mail: _____
Address: _____ City/State/Zip: _____
Candidate Job Title: _____
Dates of Employment: _____

I consent to any discussion 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 Medical Society Staffing, its representatives, officers and/or employees.

Candidate Signature: _____ Date: _____
Print Name: _____ Previous Name: _____

EMPLOYER: Please complete the bottom portion of this form and return it by fax to (503) 222-3164.

Dear: _____

The above mentioned candidate has applied for employment with our service and has provided your name as a current and/or former employer. We would appreciate your assistance in determining their qualifications by providing the information requested below. Please note the candidate has authorized the release of this information. What is provided to Medical Society Staffing will be kept confidential.

	Outstanding	Above Average	Average	Unsatisfactory	Not Sure
Work Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Patients/Customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths: _____
Weaknesses: _____

Are Dates of Employment correct? Yes No If no, please correct the dates: _____ to _____
Is the Job Title correct? Yes No If no, please correct the title: _____

On a scale from 1 – 10 (1 being poor and 10 being outstanding), please rate employee's performance: _____
Why did the employee leave? _____

If you had a comparable opening now, would you rehire the employee? Yes No
If no, please explain: _____

Would you refer this person to a colleague? Yes No
If no, please explain: _____

Additional Comments: _____

Employer Signature: _____ Title: _____
Print Name: _____ Date: _____