



REFERENCE VERIFICATION

Instructions: Please complete and fax 2 reference verification forms. Complete only section A, fax to (704) 369- 0084

SECTION A, (For Applicant)

Applicant's Name: _____ **Phone #:** _____ **Title:** _____

I authorize J & D Healthcare Services to contact reference/former employer listed below to release any information they may have concerning me and my job performance. I agree to release J & D Healthcare Services and the reference/former employer listed below from any liability for damages that may arise from the requested information.

Applicant Signature: _____ **Date:** _____

Employer: _____ **Phone #:** _____

Address: _____

Dates Employed: From _____ **TO** _____

SECTION B,(Former employer Section)

The applicant has signed to release you from liability for damages that may arise from the requested information.

All information you provided to us will be confidential.

Dates Employed: From _____ **To** _____

Position (s) Held: _____

Quality of Work: _____

Attendance/Puctuality: _____

Problems noted during employment: _____

Eligible for Rehire: Yes _____ **NO** _____ **If no please explain:** _____

Employer Signature: _____ **Title:** _____ **Date:** _____