



CHOICE TEMPORARIES

51 East 42nd Street ♦ Suite 1610 ♦ New York, NY 10017

Phone (212) 679-5900 ♦ Fax (212) 889-3712

Reference Request Form

(Please fill in the top portion of this form with the requested information. Thank you.)

I authorize my former employer(s) to furnish Choice Personnel with the information requested on this form.

Date: _____

Name of Applicant *(Please Print)*: _____

Signature of Applicant: _____

Social Security Number: _____

Applicant Work History

1. Company Name: _____ Supervisor: _____

Phone/Fax/E-mail: _____

2. Company Name: _____ Supervisor: _____

Phone/Fax/E-mail: _____

APPLICANTS, PLEASE DO NOT WRITE BELOW THIS LINE!!!!

The above named individual has applied for placement assistance and/or temporary assignments through Choice Personnel, and has given you as a reference. We would appreciate your completing the information requested and returning this sheet to us. You may be assured that any information you supply will be held in the strictest confidence.

Employed as: _____ From: _____ To: _____

Reason for leaving: _____

Eligible for rehire? Yes _____ No _____

	Excellent	Good	Fair	Poor
Reliability	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Work Attitude	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Overall Ability	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____

Equipment Skills: _____

Comments: _____

PLEASE FAX BACK A.S.A.P. TO: (212) 889-3712