



AN EQUAL OPPORTUNITY EMPLOYER

PROFESSIONAL REFERENCE

AUTHORIZATION (Please provide current legal name and legal name at time of employment):

I authorize you to furnish HealthCall of Detroit, Inc. with information concerning my previous employment record, job performance and character, and I release you from liability for providing this information.

Current Legal Name: _____ Legal Name at time of employment: _____

Signature of applicant: _____ Date: _____

APPLICANT SHOULD STOP AT THE DOTTED LINE.

Information below the dotted line to be complete by HealthCall and professional reference.

PROFESSIONAL REFERENCE #1

Applicant Name: _____ Dates of employment: _____ (Month/Year) To _____ (Month/Year)

Supervisor Name: _____ Company Name: _____ Telephone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position held by applicant: _____ Would you rehire: () YES () NO

If NO, please provide reason: _____

Other comments: _____

Signature: _____ Title: _____ Date: _____



AN EQUAL OPPORTUNITY EMPLOYER

PROFESSIONAL REFERENCE

AUTHORIZATION (Please provide current legal name and legal name at time of employment):

I authorize you to furnish HealthCall of Detroit, Inc. with information concerning my previous employment record, job performance and character, and I release you from liability for providing this information.

Current Legal Name: _____ Legal Name at time of employment: _____

Signature of applicant: _____ Date: _____

APPLICANT SHOULD STOP AT THE DOTTED LINE.

Information below the dotted line to be complete by HealthCall and professional reference.

PROFESSIONAL REFERENCE #2

Applicant Name: _____ Dates of employment: _____ (Month/Year) To _____ (Month/Year)

Supervisor Name: _____ Company Name: _____ Telephone Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position held by applicant: _____ Would you rehire: () YES () NO

If NO, please provide reason: _____

Other comments: _____

Signature: _____ Title: _____ Date: _____