Staffing on the Go 11712 heartwood dr, Beltsville, MD, 20705

VERIFICATION OF PREVIOUS EMPLOYMENT

TO:					
Company Name:					
Address:					
Phone No:					
Applicant's Name:					
Position Applying for:					
Employed From:		TO:			
I hereby authorize Consecrated Healthcare entities concerning the information I have agencies or entities from any claims arising	supplied and wai	ve release and	hold harmles	s such individuals,	
Applicant's Signature				Date	
The above applicant has applied for emplo	oyment with us. Yo	our evaluation	will be greatly	appreciated.	
Staff Recruiter				Date	
TO BE COMPLETED BY EMPLOYER Applicant's Job Title Reason for Leaving Would you consider the applicant	's skills and quali	ties of good qu	uality		
Would you rehire					
EVALUATION					7
CHARACTERISTIC / DESIGNATION	Excellent	Good	Fair	Poor	_
Quality of work					
Attendance/Punctuality					
Cooperation					
Performance under Pressure					
Ability to work independently					
Personal Appearance					