



**REFERENCE CHECK FORM**

**REFERENCES**

Applicant Name				
Reference Name			Reference Title	
Company			Phone	
Address			E-mail	
Employment Dates With This Reference		Start		End
Position You Held				
<p>I hereby authorize Elite Dental Staffing, LLC to investigate my background. I understand that Elite Dental Staffing, LLC may use a third party in any investigation, and I authorize the use of these third parties to conduct background checks on me. I release Elite Dental Staffing, LLC from any liability that may result from this investigation and waive my right to review this reference. All information will remain confidential.</p>				
Signature				

**FOR INTERNAL USE ONLY: DO NOT FILL OUT**

**FEEDBACK**

Questions:	Above Average	Average	Below Average
Did this person communicate effectively?			
Was this person organized?			
Did this person act professionally?			
Was this person on time to the job?			
How did they get along with other staff members?			
Does this person take responsibility for their own work?			
Dose this person work well under pressure?			
How would you describe their general performance?			
What was this person's job?			
What are their strengths?			
Where could they improve?			
Did you see any substance abuse?			
Why did this person quit?			
Would you hire this person again?			
General Feedback.			
Reference Signature		Date	