

# Reference Verification

ALL TEMPORARIES MIDWEST  
4200 CENTRAL AVE NE  
COLUMBIA HEIGHTS, MN 55421  
952-941-1064-phone  
952-941-0581-fax

## Information Request Authorization:

I hereby authorize and request the following references to provide my employment and performance information to All Temporaries Minnesota and release them and any organization or entity related from any and all liability related to the requesting of and providing of any such information.

Name (Print) : \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Reference 1

Name of Company: \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_

Type of Reference: Current or Former Employer \_\_\_\_\_ Professional In my Field \_\_\_\_\_ Current or Former Manager / Supervisor \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**OFFICE USE:** Date Verified: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Eligible for Rehire: Y / N

Comments : \_\_\_\_\_

### Reference 2

Name of Company: \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_

Type of Reference: Current or Former Employer \_\_\_\_\_ Professional In my Field \_\_\_\_\_ Current or Former Manager / Supervisor \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**OFFICE USE:** Date Verified: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Eligible for Rehire: Y / N

Comments : \_\_\_\_\_

### Reference 3

Name of Company: \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_

Type of Reference: Current or Former Employer \_\_\_\_\_ Professional In my Field \_\_\_\_\_ Current or Former Manager / Supervisor \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**OFFICE USE:** Date Verified: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Eligible for Rehire: Y / N

Comments : \_\_\_\_\_