



REFERENCES

Employee Name: (PLEASE PRINT) _____

I hereby authorize A2Z Personnel to thoroughly investigate my work and personal history. I authorize such an investigation and release from liability any person's giving or receiving such information.

Signature: _____ Date: _____

TO BE FILLED OUT BY A2Z PERSONNEL STAFF

Employer: _____ Contact Person: _____

Phone: _____ Dates Worked: _____

Position: _____

Punctual Excellent Good Fair Poor

Working with others Excellent Good Fair Poor

Re-Hire Yes No

Employer: _____ Contact Person: _____

Phone: _____ Dates Worked: _____

Position: _____

Punctual Excellent Good Fair Poor

Working with others Excellent Good Fair Poor

Re-Hire Yes No

Employer: _____ Contact Person: _____

Phone: _____ Dates Worked: _____

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