Expedient Medical Staffing, LLC



1150 W. Pioneer Parkway Arlington, TX 76013 817-538-5577 – office 817-538-5484 - fax

Authorization for Reference Release

I hereby authorize release of information stated below to Expedient Medical Staffing, LLC regarding my previous employment.

Printed Name:			
Signature:			
Last 4 of Social:	Date:		
ompany Name:			
mployment start date:	:: Employment end date :		
osition(s) held while employ	ed:		
Elig	ible for rehire: YES N	0	
Attendance (pleas	se circle): EXCELLENT GOOD	FAIR	POOR
Performance (plea	se circle): EXCELLENT GOOD	FAIR	POOR