

Elite Health Solutions, LLC

Professional Reference

****Please complete two employer references – no personal and/or family****

CONFIDENTIAL

The individual listed below has applied for employment with Elite Health Solutions, LLC and has listed your organization as a former place of employment. Please provide the information requested below. Responses will be held in strict confidence and will not be released to the applicant. Thank you for your cooperation.

To be completed by applicant:

Applicant's Name (print): Last _____ First _____ Middle _____

Social Security #: _____

Position Held: _____

Employment Date: From: _____ To: _____

Company's Name: _____

Company's Street Address: _____

Supervisor's Name: _____ Title: _____

Phone Numbers: () _____ () _____

Reason for leaving: _____

To be complete by employer:

Is Applicant eligible for Re-Hire? Yes _____ No _____

Dates of employment, From: _____ To: _____

Reason for Separation: _____

Comments: _____

Reference conducted by: _____ Date: _____