



Oprandi
Staffing Solutions



Registered to ISO 9001:2000
Certificate Number: 014318

Authorization for release of employment information

First Request: _____
Second Request: _____
Third Request: _____

Company: _____ From: **Oprandi Staffing Solutions**

Phone: _____ Phone: (740) 345-9783

Fax: _____ Fax: (740) 345-0449

Your company has been given as a pre-employment reference by: _____

Please answer the following questions to the best of your ability.

Date of hire _____ Last day worked _____

Position held _____ Reason for leaving _____

Please rate the following: 1 (excellent) 2 (good) 3 (poor)

Attendance _____ Performance _____ Attitude _____

Is this person eligible for rehire? _____

Name and position of person completing form: _____

Send me information on Oprandi Staffing Solutions:

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of any employment information from past and/or present employers. I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and my compensation can be terminated, with or without cause, and with or without notice.

Applicant's Signature _____ Date _____

Print Full Name _____

Social Security Number: _____ -- _____ -- _____

Any additional comments would be appreciated _____

***Any information obtained on an individual will be used strictly for employment purposes and will be kept completely confidential.**