

Associate Staffing and Placement, Inc.

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Reference Verification

My Name
S.S # or Employee ID #
Company
Phone
Fax
Email
Position
Dates of Employment

I hereby affirm that the information provided on this form is true and complete. I understand that providing false, incomplete or misleading information to the company will result in the cancellation of this form and dismissal or refusal of employment.

I understand that you may receive information about my character, reputation, personal characteristics, criminal history, and financial responsibility in order to evaluate me as a prospective employee. Some clients may, as a condition to using Associate Staffing and Placement, Inc., require additional information relevant to a particular job or assignment. I hereby authorize you to make inquiries of my previous employers, educational institutions, personal acquaintances and references about these matters through personal interviews or other means. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I represent and warrant that I have fully read and completely understand the foregoing and seek employment under the conditions specified.

Signature: _____ Date: _____