

# UNITED MEDICAL STAFFING NETWORK (UMSN)

## EMPLOYMENT VERIFICATION & RELEASE AUTHORIZATION

The person listed below has applied with us for employment. Your confidential evaluation of this individual in regard to the items listed will be appreciated.

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

I understand that in the event my application is accepted for consideration of employment, I authorize an investigation of all statements contained in the application.

I also do hereby release any and all persons, companies or agencies responding to such investigation from any damage due to releasing information, whether or not it is in their records or otherwise available to them, provided it relates to my employment or other statement made in this application.

I hereby authorize UMSN to provide complete and accurate information to UNITED clients upon request. I hereby release UMSN from any and all liability for issuing this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Relationship to Applicant (Circle)**

**Employer**

**Direct Supervisor / Professional Associate**

**Friend**

**If previous employer, please complete the following information:**

Organization \_\_\_\_\_ Position Held \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Would you re-employ? \_\_\_\_\_

**PLEASE RATE APPLICANT**

	Excellent	Good	Average	Fair	Poor
Job Knowledge					
Skill Proficiency					
Accuracy					
Assessment Skills					
Ability to Make Decisions					
Ability to Cope with Stress					
Organizational Skills					
Effectiveness in Leadership					
Dependability/Reliability					
Relationship with Co-Workers					
Attitude Toward Supervision					
Appearance					

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please fax to:

**UNITED MEDICAL STAFFING NETWORK**

A MEDSEARCH Division

Attention Human Resources

**Illinois (847) 228-0060**

**Ohio (440) 243-9117**

www.unitedmsn.com