



Grand Rapids Office
 2805 Coit NE
 Grand Rapids, MI 49505
 Phone: 616-365-9290
 Fax: 616-365-9254

Livonia Office
 32401 8 Mile Rd.
 Livonia, MI 48152
 Phone: 248-888-9030
 Fax: 248-888-9003

Kalamazoo Office
 5955 West Main
 Kalamazoo, MI 49009
 Phone: 616-365-9290
 Fax: 616-365-9254

Reference Check

Applicant / Employee Name: _____

Personal Reference Employee Reference

I hereby grant permission for the person named or a representative of the company named below to give any/all information requested on this reference check.

Contact Person: _____ Title: _____

Company Name: _____ Phone: _____

Address: _____

Dates of Employment: From: _____ To: _____

Employee Signature: _____ Date: _____

Quality of Work:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Quantity of Work:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Attendance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Punctuality:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Cooperation w/co-workers:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Cooperation w/supervisors:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Is the person eligible for rehire:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Comments: _____

Person completing this form: _____

Title: _____ Date: _____