

PLEASE LIST THREE REFERENCES WE MAY CONTACT

NAME _____ PHONE # _____ TYPE OF REFERENCE _____

1. _____
2. _____
3. _____

Emergency Contact _____ Phone Number _____
 Geographical Area Preferred _____ Hours Preferred _____
 Type of Position Preferred _____ Type of Position Least Preferred _____
 Duration of Assignment _____ Pay Range _____

How did you hear about LeadingEdge Personnel? _____

FOR OFFICE USE ONLY

REFERENCE CHECKS

Company & Contact	Date Called	Date Sent	Results

EVALUATION SCORES		EXPERIENCE	FLEXIBILITY	SKILLS	PROF	MOTIVATION	VERBAL	MATURITY
ALPHA FILE _____	10 KEY _____							
NUMERIC FILE _____	ALPHA DE _____	Outstanding						
GEN OFC _____	NUM DE _____							
N&N _____	SECR _____							
PROOF _____	AR _____	Above Average						
MATH _____	AP _____							
REC _____	MAIL _____	Average						
TYP _____	SP _____							
BUS LETTER _____	VOC _____	Below Average						

