

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

EVALUATION SCORES		EXPERIENCE	FLEXIBILITY	SKILLS	PROF	MOTIVATION	VERBAL	MATURITY
ALPHA FILE _____	NUM DE _____	ACCESS _____	Outstanding					
NUMERIC FILE _____	SECR _____	P.P. _____	Above Average					
GEN OFC _____	AR _____	OTHER _____	Average					
MATH _____	AP _____	BOOKKPG _____	Below Average					
REC _____	SP _____	PAYROLL _____						
TYP _____	VOC _____	GEN ACCT _____						
10 KEY _____	WORD _____							
ALPHA DE _____	EXCEL _____							

L-9 _____ W-4 _____ Primary Skill _____ Orientation _____ Hired _____