



Reference Authorization & Contact Form

I hereby authorize Absolute Senior and Home Care Services – Healthcare Staffing Division to contact the professional references listed below for purposes of verifying employment, work performance, competency, reliability, and eligibility for healthcare assignments. I understand that this authorization permits my references to release information to the agency.

Reference #1 Name: _____

Relationship/Role: _____

Phone Number: _____ Email: _____

Reference #2 Name: _____

Relationship/Role: _____

Phone Number: _____ Email: _____

Reference #3 Name: _____

Relationship/Role: _____

Phone Number: _____ Email: _____

Applicant Signature: _____

Date: _____