



Business phone: (510) 452-4626  
 Toll-free: (800) 704-8391  
 Fax: (510) 452-4642  
 Locations on the East and West Coasts

**REQUEST for REFERENCES**

Name of Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicant, you must provide two references. Please fill out the applicant area in each reference section.*

REFERENCE # 1				
APPLICANT to Complete this Section				
Reference # 1 Name: _____				
Address: _____				
City	State	Zip	Phone Number: (    )	
FOR USE by SURGICAL EXCHANGE Representative				
Position held: _____		Specialty Work: _____		
Employed from: _____ to _____		Was employment continuous? ( ) Yes ( ) No		
Is Applicant eligible for rehire? ( ) Yes ( ) No				
<b>PLEASE RATE APPLICANT:</b>				
Knowledge of procedure	Excellent	Good	Fair	Poor
Quality of performance	Excellent	Good	Fair	Poor
Quantity of work	Excellent	Good	Fair	Poor
Communication skills	Excellent	Good	Fair	Poor
Attitude and initiative	Excellent	Good	Fair	Poor
Attendance	Excellent	Good	Fair	Poor
<b>Surgical Exchange Representative:</b>			<b>Date:</b>	

REFERENCE # 2				
APPLICANT to Complete this Section				
Reference # 2 Name: _____				
Address: _____				
City	State	Zip	Phone Number: (    )	
FOR USE by SURGICAL EXCHANGE Representative				
Position held: _____		Specialty Work: _____		
Employed from: _____ to _____		Was employment continuous? ( ) Yes ( ) No		
Is Applicant eligible for rehire? ( ) Yes ( ) No				
<b>PLEASE RATE APPLICANT:</b>				
Knowledge of procedure	Excellent	Good	Fair	Poor
Quality of performance	Excellent	Good	Fair	Poor
Quantity of work	Excellent	Good	Fair	Poor
Communication skills	Excellent	Good	Fair	Poor
Attitude and initiative	Excellent	Good	Fair	Poor
Attendance	Excellent	Good	Fair	Poor
<b>Surgical Exchange Representative:</b>			<b>Date:</b>	