



## City Staffing Reference Check

211 W. Wacker Dr. Suite 700, Chicago, IL 60606 Phone (312) 346-3400 Fax (312) 346-5200

**Please list two professional references at the Supervisor level:**

Candidate Name \_\_\_\_\_

### Reference #1

Name/Job Title \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to Candidate \_\_\_\_\_

Candidate Position Held \_\_\_\_\_

### Reference #2

Name/Job Title \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship to Candidate \_\_\_\_\_

Candidate Position Held \_\_\_\_\_

**I authorize City Staffing to contact the above references on my behalf, to verify past employment and evaluate work performance as it relates to any positions that City Staffing is recommending me for.**

Signature \_\_\_\_\_ Date \_\_\_\_\_