



Integrity, Inc.
6124 Northmoor Dr.
Little Rock, AR 72204
Telephone: (501) 614-7200
Fax: (501) 614-7254

REFERENCE AUTHORIZATION

As evidenced by my signature below I voluntarily authorize Integrity representatives to make any inquiry of my employment history through any means of Integrity's choice. I further authorize any person including former employers to furnish any information to Integrity as may be requested and hold harmless any entity for such action. Integrity is authorized to make copies of any documentation or record and the employment decision of Integrity may be based upon any such information.

I make this Reference Authorization of my own free will without the promise or expectation of employment, immunity, threat, coercion, duress, or benefit.

 Signature Date

REFERENCE CHECK-----MUST BE COMPLETED BY SUPERVISOR/EMPLOYER

Applicants Name _____

Company/Agency providing reference _____

Address of business _____

Telephone # _____

Applicant employed from _____ to _____. Applicant's major responsibilities on the job

 Description of job performance _____

Applicant's greatest strengths _____

Applicant's greatest weakness _____

Type of supervision required for applicant to achieve best results _____

How does applicant interact with people on the job? _____

Why did applicant leave your employ? _____

Who initiated the severance and why? _____

Would you rehire applicant? _____ Why? _____

Person completing reference information _____

Were you the supervisor or employer of applicant _____

Integrity employee requesting information: _____
 Name Date



Integrity, Inc.
6124 Northmoor Dr.
Little Rock, AR 72204
Telephone: (501) 614-7200
Fax: (501) 614-7254

REFERENCE AUTHORIZATION

As evidenced by my signature below I voluntarily authorize Integrity representatives to make any inquiry of my employment history through any means of Integrity's choice. I further authorize any person including former employers to furnish any information to Integrity as may be requested and hold harmless any entity for such action. Integrity is authorized to make copies of any documentation or record and the employment decision of Integrity may be based upon any such information.

I make this Reference Authorization of my own free will without the promise or expectation of employment, immunity, threat, coercion, duress, or benefit.

 Signature Date

REFERENCE CHECK-----MUST BE COMPLETED BY SUPERVISOR/EMPLOYER

Applicants Name _____

Company/Agency providing reference _____

Address of business _____

Telephone # _____

Applicant employed from _____ to _____. Applicant's major responsibilities on the job _____

Description of job performance _____

Applicant's greatest strengths _____

Applicant's greatest weakness _____

Type of supervision required for applicant to achieve best results _____

How does applicant interact with people on the job? _____

Why did applicant leave your employ? _____

Who initiated the severance and why? _____

Would you rehire applicant? _____ Why? _____

Person completing reference information _____

Were you the supervisor or employer of applicant _____

Integrity employee requesting information: _____
 Name Date