

Medical Management *Plus*, LLC

EMPLOYMENT REFERENCE

Applicant's Name: _____
Previous Employer: _____
Name of Person to Contact: _____
Previous Employer's Address: _____
Previous Employer's Phone/email: _____
Dates of employment: from _____ to _____
Position(s) held: _____

I give permission for the above employer to furnish the following information to Medical Management Plus, LLC.

Signature of Applicant: _____ Date: _____

Medical Management Plus, LLC
1233 Silas Deane Hwy
2nd Floor
Wethersfield, CT 06109
Phone: (860) 529-7900 Fax: (860) 529-7902
Contact: _____

The above named person has applied for employment with Medical Management *Plus*, LLC and has given your name/institution as a reference. We would appreciate your cooperation in answering the questions below.

Dates of employment: from _____ to _____
Position(s) held: _____
Reason(s) for terminating: _____
Eligible for rehire? _____ If no, please explain in the comments section below.

Quality of Work

1-Outstanding 2-Above Average 3-Average 4-Below Average 5-Unacceptable
Skill Level _____ Adaptability to work situations _____ Attitude _____
Ability to accept leadership roles _____ Attendance and Punctuality _____
Dependability _____ Judgement _____ Initiative _____ Interpersonal Skills _____

Comments:

Signature _____ Title _____ Date _____