



Integrity Nursing Staffing Solutions LLC

Temporary Staffing Agency

TO BE COMPLETED BY SUBCONTRACTOR

The applicant listed has applied to Integrity Nursing Staffing Solutions for employment and furnished your name as a reference. Please note the applicant's authorization and provide us with the information below.

Date: _____ **Nurse or CENA** _____

Applicant Name: _____

Company Name: _____

Name of reference: _____ **Title:** _____

Phone: _____

Time employed/Known from: _____ **to:** _____

Name of reference: _____ **Title:** _____

Phone: _____

Time employed/Known from: _____ **to:** _____

I give consent to release any and all information pertaining to my work experience and status to Integrity Nursing Staffing Solutions LLC

Signature: _____ **Date:** _____

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