

Request for Reference

Form 1060 — Pre-Hire

ShiftNPay / Mastercare

Reference Request Details

Reply By:

Phone:

DNR:

Company Name:

Employee Name:

Address:

Authorization

I (Employee Name) authorize:

Date:

Employment From:

Employment To:

Reason for Leaving:

Salary:

Additional Information:

Reference Questions

Notice: Yes No

Knowledgeable: Yes No

Dependable: Yes No

Rehire: Yes No

Recommend: Yes No

Additional Information:

Signatures

Reference Name:

Date:

Title:

Signature:

[Sign here]

Mastercard Reg.

Date

Office Address