

# Request for Reference

Form 1060 — Pre-Hire

ShiftNPay / Mastercare

## Reference Request Details

Reply By	Company Name
Phone	Employee Name
DOR	Address

## Authorization

I (Employee Name) authorize	Date
Employment From	Employment To

Reason for Leaving

Salary

## Reference Questions

Notice: Yes	No
Knowledgeable: Yes	No
Dependable: Yes	No
Rehire: Yes	No
Recommend: Yes	No

Additional Information

## Signatures

Reference Name	Date	Title
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Signature

[ Sign here ]

Mastercard Ref

Date

Office Address