Reference Check #1

_____   _____
Name   **Position Held**

_____   _____
Dates   **Current/Former Client**
(From month & year – To month & year)

_____   _____   _____
City   **State**   **Client Name**

☐ I hereby give permission to the above named client to release information to TLC Nurse Solutions
regarding my performance.

_____   _____
Signature   **Date**

Reference Check #2

_____   _____
Name   **Position Held**

_____   _____
Dates   **Current / Former Client**
(From month & year – To month & year)

_____   _____   _____
City   **State**   **Client Name**

☐ I hereby give permission to the above named client to release information to TLC Nurse Solutions
regarding my performance.

_____   _____
Signature   **Date**