



The following forms are required before we perform your
Professional Reference Check .

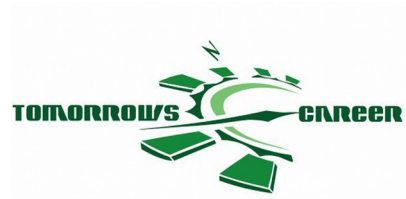
Please have the candidates fill them out and **fax them to us at 843.884.1758.**
Please also include a **contact email address, name, and phone number** in case
we have any follow-up questions.

All information must be completed fully to ensure the best possible results.

If you have any questions, please feel free to contact us at 800.843.9361.

Thank you!

Outlaw Group, Inc
900 Johnnie Dodds Blvd, Suite 115 Mt. Pleasant, SC 29464
800.843.9361 843.884.1758
www.outlawgroup.com www.tomorrowcareer.com



APPLICATION FOR REFERENCE VERIFICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Addresses for the past 10 years (starting with most recent):

Address 1

Address: _____

City: _____ State: _____ Zip Code: _____

Address 2

Address: _____

City: _____ State: _____ Zip Code: _____

Address 3

Address: _____

City: _____ State: _____ Zip Code: _____

Address 4

Address: _____

City: _____ State: _____ Zip Code: _____

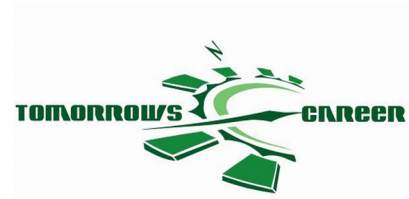
For additional addresses please attach a separate sheet.

I hereby authorize Outlaw Group, Inc. and its agent(s) to contact the following source(s) for purposes of verifying any reference, recommendation or statements related to my employment. I understand that Outlaw Group, Inc. cannot and does not guarantee that any specific results will be obtained, nor that work will be completed within any specific time period. I understand that Outlaw Group, Inc. will document its findings to the best of its ability. I affirm that the information I have provided herein is, to the best of my knowledge, true, complete and accurate.

Client Signature: _____ **Date:** _____

900 Johnnie Dodds Blvd., Suite 115, Mt. Pleasant, SC 29464 800.347.9361 843.884.9361 Fax 843.881.1758

*Certified Management Consultant (CMC) ~ Highest accreditation given in the Management Consulting Profession
Certified Speaking Professional (CSP) ~ Highest designation awarded by the National Speakers Association*



List the contact information for each reference and attach additional sheets as necessary. (No friends or family can be used as a reference)

Contact Name: _____ Title: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (direct line if possible) _____ Fax: _____

Position Title: _____ Dates of Employment: _____

Salary to be confirmed (Executive level only): _____

Relationship with Contact: (Superior, Colleague, etc.) _____

Reason for Separation: _____

List a position title for which you are being considered: _____

ADDITIONAL REFERENCES TO BE CHECKED

List the contact information for each reference and attach additional sheets as necessary.

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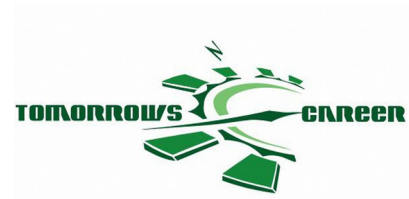
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Position Title: _____ Dates of Employment: _____

Salary to be confirmed (Executive level only): _____

Relationship with Contact: (Superior, Colleague, etc.) _____

Reason for Separation: _____

List a position title for which you are being considered: _____

List any other information you feel is pertinent: (attach additional pages if necessary): _____

We must have a copy of your resume to begin service.

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