



EXHIBIT C

REFERENCE FORM

TEMPORARY STAFFING AGENCY SERVICES

RFP#12-18-26101

Company Name: _____

Contact Name: _____

Contact Title: _____

Contact Phone Number: _____

Contact Fax Number: _____

Contact Email Address: _____

Type of Services Provided: _____

Number of Positions staffed
within the past year: _____

Type of Positions staffed:
within the past year: _____

Date Services Performed: Start Date: _____ End Date: _____

Size of Facility: _____ Contract Value: \$ _____