

GEAE FORMER EMPLOYEE REFERENCE CHECK

Please supply the following contact information and email to staffingcenter@ae.ge.com:

Supplier Name: _____

Contact Name: _____

Contact Phone: _____

Contact Fax: _____

Former GEAE Employee Name: _____

Before the check can be completed please have the employee complete and sign the "Reference Release and Waiver" and fax to 513-243-9481.

For GEAE to complete:

Dates of Employment: _____

Last Job Held: _____

Recommendation to deploy on GEAE work: Yes No