



2986 Kings Hwy., Unit B  
Colonial Beach, VA 22443

Phone: 1-866-232-8822  
Fax: 1-866-636-5665  
E-mail: info@xrayz4u.com  
Website: www.xrayz4u.com

Technologist Name: \_\_\_\_\_  
**PLEASE PRINT**

Please furnish the names, titles, facility names, addresses and phone numbers of three people (not related to you) who know you professionally and can answer questions regarding you as a technologist. Please fax this completed form to XRAYZ 4U, LLC at 1-866-636-5665.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: (\_\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: (\_\_\_\_\_) \_\_\_\_\_

I authorize XRAYZ 4U, LLC and/or its designee(s) to make such investigations and inquiries of my employment, including personal and professional reference inquiries, which may be necessary for an employment decision. I hereby release all persons, employers, schools or any other institution from all liability in responding to inquiries in connection with my application.

\_\_\_\_\_  
**TECHNOLOGIST SIGNATURE**

\_\_\_\_\_  
**DATE**