



Prior Employment Reference Verification

Applicant: _____
Last Name First Name Middle Initial

Former Employer: _____ Position Held: _____

Authorization: I authorize my employer to verify the employment information requested below. I release such persons from liability for providing such information.

Applicant Signature: _____ Date: _____

****FOR EMPLOYER COMPLETION ONLY****

1. Please confirm the applicant's employment. From (date): _____ To (date): _____

2. Please confirm applicant's job title: _____

3. Please confirm applicant's pay rate: _____

4. Please comment on the applicant's attributes using the following scale:

4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not Applicable

Quality of Work: _____

Knowledge and Skills: _____

Reliability and Attendance: _____

Cooperation: _____

5. Please describe the major job responsibilities in this position: _____

6. Is applicant eligible for rehire: ☐ Yes ☐ No If No, why? _____

7. Reason for Leaving: ☐ Voluntary ☐ Involuntary ☐ Laid Off ☐ Terminated (check one)

Reason for Termination: _____

Verifier's Name: (please print): _____ Title: _____

Signature: _____ Date: _____

THANK YOU FOR YOUR COOPERATION. PLEASE FAX THIS FORM BACK TO (331) 814-3142.

NO COVER SHEET IS REQUIRED.