MyCare Family Community Supports
Employment Verification

TO: _____   DATE: _____

        PREVIOUS/CURRENT EMPLOYER NAME

_____

        STREET

_____

CITY   STATE   ZIP

_____

TELEPHONE NUMBER

NAME: _____   MAIDEN NAME: _____

SOCIAL SECURITY NUMBER: _____   JOB TITLE: _____

REASON FOR LEAVING: _____

DATES OF EMPLOYMENT:

FROM: _____   TO: _____

MyCare Family Community Supports is hereby authorized to verify the following information. I hereby release any person(s) giving such information requested and MyCare Family Community Supports from any liabilities or damages incurred as a result.

_____   _____
                 SIGNATURE   DATE

***PREVIOUS EMPLOYER USE/MYCARE FAMILY COMMUNITY SUPPORTS USE ONLY

Please verify the information of the person named above. Your reply will be held in the strictest confidence.

Rehire Eligibility: ☐ YES ☐ NO

What do your records indicate as dates of employment?

FROM: _____   TO: _____

Any additional comments: _____
_____
_____

_____   _____
                 SIGNATURE   DATE

_____

                 TITLE

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