MPATH
ASSISTIVE CARE

Work History Verification

TOP SECTION COMPLETED BY APPLICANT

TO:

Previous Employer:	**Job Title: (Position Held)**	**Employment Dates:** From: To:
Supervisor:	**Phone:**	**FAX:**
Employer Street Address:	**City & State**	**Zip Code**

FROM:

Applicant Name	**Position Applied For**	
Applicant Signature	*I, (applicant) hereby authorize (agency) to request and receive from all prior employers within one year of the date of application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.*	**Date**

Agency HR Work History Verification

BOTTOM SECTION COMPLETED BY AGENCY

Today's Date:	
Employer Contacted:	
Name/Title of person providing info /Phone #	
Applicant Name:	
Dates of Employment:	
Position Held by this person	
Employment History Confirmed	**Yes** ☐ **or** **No** ☐
Reason for termination, resignation or cessation of employment	

ACCREDITED cahc Commission on Accreditation for Home Care

MPATH
ASSISTIVE CARE

Agency HR Work History Verification

BOTTOM SECTION COMPLETED BY AGENCY

(Cont.)

Were there issues related to this person's departure that would cause concern (i.e. violence, threats of violence, dishonesty, theft)? If so, please explain.	
Written verification: signature/title of the Work History and date	**Yes** ☐ **or** **No** ☐
Verbal Verification: signature/title of staff member who obtained the information and date.	
Additional Notes:	
Name and title of person conducting the check:	
Signature/Date:	

Rev. _08/12/2025

ACCREDITED cahc Commission on Accreditation for Home Care