

Employment Verification

Date of Verification: _____ Name of Applicant: _____

Social Security #: _____ Position Applied For: _____

Company: _____ Contact: _____ Your Position: _____	Tel: _____	Dates of employment Start: _____ End: _____ Position Held: _____
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Please Rate This Applicant on the Following

Character Traits	Poor	Average	Good	Excellent	Comments
1. Quality of work					
2. Attendance					
3. Punctuality					
4. Trustworthiness					
5. Dependability					
6. Cooperation					
7. Initiative					

Are the applicant's dates of employment listed correctly? *(Listed at the top of the page)* ___ Yes ___ No

If no, what are the correct dates? _____

Is the position correctly indicated? ___ Yes ___ No

If no, what was/is the correct position? _____

Is there a possibility of rehiring? ___ Yes ___ No

Applicant's reason for leaving: _____

Release of Information

I, _____ hereby authorize the above individual, company, or institution to furnish the Agency with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company or institution and all individuals connected therewith, including the Agency from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Signature of Applicant

Date

Reference Taken via Telephone

Given By: _____ Title: _____

Taken By: _____ Date: _____ Title: _____