

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>I, (applicant) hereby authorize Above and Beyond Care HealthSystem (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.</i>	Date

Above and Beyond Care HealthSystem 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

Above and Beyond Care HealthSystem HR Work History Verification



BOTTOM SECTION COMPLETED BY AGENCY (Cont.)

Reason for termination, resignation or cessation of employment	
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. _____