Employment Verification Consent

_____
(Employer)

To: _____ (Previous Employer)

Applicant. Please make copies of this form for each of your previous employers. List the name of your previous employers (one previous employer per copy), complete the Previous Employment section below for each previous employer and date and sign below. Return the signed forms with your completed Employment Application.

Previous Employer. The Applicant named below has recently applied for a job with Employer and has signed this Employment Verification Consent authorizing you to provide information to us relating to their employment with you. Please take a few minutes to answer our employment verification questions and return to us by fax or by mail. Thank you.

Applicant

Full Name _____ Social Security Number _____

Previous Employment To be completed by Applicant

Employer _____ Telephone Number _____

Address _____

Title/Duties _____

Supervisor's Name & Title _____

Reason for Leaving _____

Start Date _____ End Date _____ Starting Salary _____ Ending Salary _____

Employment Verification To be completed by Previous Employer

Is the employment information with your organization listed above correct? ❑ Yes ❑ No
If not, please make appropriate corrections.

Applicant's performance rating on last review? _____

Attendance record? _____ Is Applicant eligible for rehire? ❑ Yes ❑ No

If no, why not? _____

Verification Consent

I authorize Employer to receive information relating to my employment with the Previous Employer listed above and to verify the accuracy of all information received. I authorize the Previous Employer listed above to release information about my school history, work history, character and qualification to all persons, firms, agencies or companies which may request this information in connection with my application for employment with Employer. In authorizing release of this information, I hereby release the Previous Employer listed above and all individuals associated with the Previous Employer from any and all liability that may result from providing this information to Employer. This authorization will be valid for three (3) months from the date of my signature below.

_____ _____
Date Signature of Applicant

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