

Employment History Verification

Applicant Name: _____ SSN: _____

Prospective Position: _____ Req.#: _____

Employer: _____ Name of Person Contacted: _____

Relationship to Applicant: Supervisor Co-Worker Other _____

Contact Date: _____ Time: _____ AM PM

Verify the following from the Employment Application.

Item to be Verified	Verified	Comments / Explanations
Title	<input type="radio"/> Yes <input type="radio"/> No	
Dates of Employment	<input type="radio"/> Yes <input type="radio"/> No	
Full or Part Time (# of Hours)	<input type="radio"/> Yes <input type="radio"/> No	
Start and Final Salary	<input type="radio"/> Yes <input type="radio"/> No	
Supervisory Responsibility	<input type="radio"/> Yes <input type="radio"/> No	
Job Duties	<input type="radio"/> Yes <input type="radio"/> No	
Reason for Leaving	<input type="radio"/> Yes <input type="radio"/> No	

Optional Questions:

Was overall performance satisfactory? Yes No (If No, Explain):

Would you rehire? Yes No (If No, Explain):

Do you have any additional comments or recommendations regarding this individual?

Verification completed by: _____ Date: _____