



**Prior Employment  
Reference Verification**

Applicant: \_\_\_\_\_  
Last Name First Name Middle Initial

Former Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Authorization: I authorize my employer to verify the employment information requested below. I release such persons from liability for providing such information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*FOR EMPLOYER COMPLETION ONLY\*\***

1. Please confirm the applicant's employment. From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

2. Please confirm applicant's job title: \_\_\_\_\_

3. Please confirm applicant's pay rate: \_\_\_\_\_

4. Please comment on the applicant's attributes using the following scale:

4 = Excellent    3 = Good    2 = Fair    1 = Poor    N/A = Not Applicable

Quality of Work: \_\_\_\_\_

Knowledge and Skills: \_\_\_\_\_

Reliability and Attendance: \_\_\_\_\_

Cooperation: \_\_\_\_\_

5. Please describe the major job responsibilities in this position: \_\_\_\_\_

6. Is applicant eligible for rehire:  Yes     No    If No, why? \_\_\_\_\_

7. Reason for Leaving:  Voluntary     Involuntary     Laid Off     Terminated (check one)

Reason for Termination: \_\_\_\_\_

Verifier's Name: (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU FOR YOUR COOPERATION. PLEASE FAX THIS FORM BACK TO (708) 929-6660.

NO COVER SHEET IS REQUIRED.