

# Employment Verification

**EMPLOYEE SECTION:** *Please provide the information requested below and sign form.*

**Applicant Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Company Telephone Number:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_ **City, State & Zip:** \_\_\_\_\_

**Supervisor Name and Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Employment Dates:**      **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Salary:**                      **Starting \$** \_\_\_\_\_ **To \$** \_\_\_\_\_

**Position Last Held:** \_\_\_\_\_

**Reasons for Leaving:** \_\_\_\_\_

*"I hereby give express permission for the release of information regarding verification of the above, and release the providers from any liability which may result from providing such information."*

\_\_\_\_\_  
(APPLICANT SIGNATURE)

\_\_\_\_\_  
(DATE)