

Applicant Employment Verification Form

Note: This form is used to verify the employment history of the applicant. Please complete all sections.

Section 1: Applicant Authorization and Information

To be completed by the applicant.

Applicant Full Name:	<input type="text"/>
Social Security Number (Last 4 Digits):	<input type="text"/>
Job Title Applied For:	<input type="text"/>
Previous Employer Name:	<input type="text"/>
Applicant Signature (for print):	<input type="text"/>
Date:	<input type="text"/>

Section 2: Employment Verification

To be completed by the employer's Human Resources department or authorized representative.

Company Name:	<input type="text"/>
Company Address:	<input type="text"/>
Verified By (Name and Title):	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

Employment History Details

Dates of Employment (Start - End):	<input type="text"/>
Position/Title Held:	<input type="text"/>
Ending Salary or Hourly Rate:	<input type="text"/>
Reason for Leaving:	<input type="text"/>
Eligible for Rehire? (Yes/No):	<input type="text"/>

Verification Signature

Authorized Employer Signature (for print):	<input type="text"/>
Date:	<input type="text"/>