



Human Resources

Candidate Employment Verification

PRIMARY DATA ENTRY

NAME LAST FIRST MI S.S. NUMBER

ADDRESS ADDRESS 2

CITY STATE ZIP

PHONE (Home) DRIVERS LIC # PHONE (Cell)

FULL-TIME PART-TIME CONTRACT

If you would, please verify the following

APPLICANT NAME LAST FIRST YES NO

S.S. NUMBER

EMPLOYER NAME DATES EMPLOYED From To YES NO IF NO, EXPLAIN

POSITION HELD YES NO

SALARY . HR / MO YES NO IF NO, EXPLAIN

REASON FOR LEAVING Terminated Laid off Voluntary Departure Currently Employed ELIGIBLE FOR REHIRE? YES NO

No Comments Add'l Comments

ATENDANCE RECORD 1 -10 1 = LOWEST 10 = HIGHEST WORK HABITS 1 -10 1 = LOWEST 10 = HIGHEST

WORK WELL WITH OTHERS 1 -10 1 = LOWEST 10 = HIGHEST ORAL/WRITTEN COMMUNICATION SKILLS 1 -10 1 = LOWEST 10 = HIGHEST

EVER ANY DISCIPLINARY ACTION 0 Never 1 Once 2 Twice 3 Often 4 Prefer not to comment ORAL/WRITTEN COMMUNICATION SKILLS 1 -10 1 = LOWEST 10 = HIGHEST

OVERALL PERFORMANCE 1 -10 1 = LOWEST 10 = HIGHEST

INFORMATION PROVIDED BY POSITION / TITLE

PRINT

SUBMIT

CLEAR