HPC HUMAN POTENTIAL CONSULTING, LLC
"Your link to a Better Future"

VERIFICATION OF EMPLOYMENT

In signing below, the Applicant's signature authorizes the release of information to HPC concerning previous and current employment.

(PRINT NAME)	(APPLICANT SIGNATURE)	(DATE)

(SOCIAL SECURITY NUMBER)	(DATE OF BIRTH)

APPLICANT – DO NOT COMPLETE SECTION BELOW --- COMPANY USE ONLY

Employer / Agency Name: _____

Address: _____

Supervisor: _____ Telephone Number: _____

Job Title: _____ Start Date: _____

Job Duties: _____

Employment End / Termination Date: _____

Reason for End / Termination: _____

Is this individual available for re-hire: ☐ Yes ☐ No

Possibility of Advancement: _____

Attitude Towards Work: _____

Ability to Get Along With Others: _____

Wage / Salary: _____ Hours of Employment: _____

PLEASE RETURN VIA FAX TO 310-756-1562, ATTN: HUMAN RESOURCES– THANK YOU!

Signature below indicates individual completing verification and that the information above is correct.

SUPERVISOR / OR AUTHORIZED PERSONNEL (PLEASE PRINT)	TITLE
SIGNATURE	DATE