



VERIFICATION OF EMPLOYMENT

Employer: _____

Address: _____ Phone: _____

Supervisor: _____

SS#: _____ Date of Birth: _____

Customer / Applicant Signature

Print Name

Date

EMPLOYMENT CANDIDATE - STOP HERE!

***APPLICANTS' SIGNATURE PERMITS THE RELEASE OF INFORMATION TO HPC REGARDING PREVIOUS AND CURRENT EMPLOYMENT.**

EMPLOYMENT INFORMATION – FOR COMPANY USE ONLY

Job Title: _____ Start Date: _____

Job Duties: _____

Employment End / Termination Date : _____

Reason for End / Termination: _____

Is this individual available for re-hire: _____

Possibility of Advancement: _____

Attitude towards work: _____

Ability to get along with others: _____

Wage / Salary: _____ Hours of Employment: _____

PLEASE RETURN VIA FAX AS SOON AS POSSIBLE – THANK YOU IN ADVANCE!

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

PRINT NAME – SUPERVISOR / OR
AUTHORIZED PERSONNEL

DATE

SIGNATURE

TITLE