**A Lending Hand Inc.**

**Phone: 941-331-8000 Fax: 941-444-2765**

**EMPLOYMENT VERIFICATION**

Employer Name:

Address:

City/State/Zip Code: Tel:

The undersigned has applied for employment with our company and authorizes you to provide information concerning past performance under the provisions pf the Privacy Act 1974. All information is kept confidential. Thank you for your cooperation.

Name: Soc. Sec #: xxx-xx- \_\_ \_\_ \_\_ \_\_

Employment Dates: From: to Position:

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S AUTHORIZATION TO RELEASE INFORMATION

*I hereby authorize you to issue any information you may have regarding my services and character and do hereby unconditionally release your organization from all liability for any damage whatsoever which might result from furnishing same.*

**Applicant’s Signature**: **Date**:

**INFORMATION FROM PRIOR EMPLOYER**

Employment Dates: From: to last day **actually worked** (for verification that no 90 days lapse has occurred in a position requiring a Level 2 Screening)

Position(s) held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you rehire? YES NO

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification obtained by Fax Mail Phone

Verification obtained from\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Title Date:

\* Verification must be obtained from HR or direct Supervisor