

EMPLOYMENT EXPERIENCE VERIFICATION



NAME: (First, MI, Last)	DATE OF BIRTH: (XX-XX-XXXX)	SOCIAL SECURITY #: (XXX-XX-XXXX)
ADDRESS	CITY	STATE/ZIP CODE

APPLICANT SIGNATURE _____
Your signature authorizes the release of the information requested below.

TO BE COMPLETED BY PREVIOUS OR CURRENT EMPLOYER

Specify whether full time or part time employment; list exact dates and hours if part time

Name of Previous/Current Employment	Address	Phone
Job Title:	Dates of Employment: From: To:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>

Please verify the major job duties performed by the employee:

Job Title

Employer Printed Name

Employer Signature

Date