

HealthPro Staffing Solutions

EMPLOYMENT VERIFICATION

All applicants must complete Section A only.

SECTION A

Date: _____

Facility Name: _____

Supervisor Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

I, _____, request and authorize you to verify the information concerning my job performance, character and ability. I will not hold HealthPro Staffing, Inc., nor my former employer/agency liable for any statements regarding this information.

Dates of Employment: Hire: _____ Ended: _____

Position Held: _____ Reason for Leaving: _____

Signature: _____ Date: _____

SECTION B

EMPLOYER PLEASE COMPLETE INFORMATION BELOW

DATES OF EMPLOYMENT: HIRE: _____ TERMINATION: _____

POSITION HELD: _____ WOULD YOU RE-HIRE?: YES NO

SALARY: _____ ANNUALLY/HOURLY AT TIME OF EXIT.

<u>WORK PERFORMANCE</u>	POOR	FAIR	GOOD	EXCELLENT
QUALITY	_____	_____	_____	_____
DEPENDABILITY	_____	_____	_____	_____
COOPERATION	_____	_____	_____	_____
ATTENDANCE	_____	_____	_____	_____

ADDITIONAL COMMENTS: _____

SIGNATURE: _____ TITLE: _____ DATE: _____