



WORK VERIFICATION FORM- EMPLOYMENT

To: _____ Date: _____

Address: _____ Phone: _____ Fax: _____

The applicant below has applied for a position with KEY FAMILY CARE LLC and has listed you as a previous employer. We would appreciate your assistance in verifying this applicant's employment and in evaluating his/her job performance. All information provided will be held in the strictest of confidence. Thank you.

TO BE COMPLETED BY THE APPLICANT- Please print

Applicant Name _____ Social Security # _____

Previous/Present Employer _____ Street Address _____ City/ State _____ Zip Code _____

Dates of employment _____ Position(s) held _____

Reason for leaving _____

I, (print) _____, hereby authorize KEY FAMILY CARE LLC to request and receive from all prior employers within one year of the date of the application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

Signature _____ Date _____

Evaluation	Excellent	Good	Fair	Poor
Attendance				
Punctuality				
Dependability				
Quality of work				
Job knowledge				
Accepts supervision				
Personal appearance				
Attitude				

1. Please indicate dates of employment: _____

2. Job Title of applicant: _____

3. Does the information above correspond with your own records? Yes • No • If no, please give correct information: _____

4. Would you rehire this employee? Yes No If no, please explain: _____

5. Reason for termination/cessation of employment: _____

Name of Agency/Institution/Company/Client: _____

SIGNATURE/TITLE _____ **DATE:** _____

For documentation of a verbal reference (also request above information):

Name of person giving the reference: _____

Title/Relationship: _____

Dates of employment/job title of applicant: _____

Content of the reference: _____

Signature/title of KEY FAMILY CARE LLC Staff who obtained reference

Date of the call