



AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

On this date: _____ the undersigned, _____ authorizes
(Name of Employee)

the release of information from *(Name of Company)* _____

Located at: (Address of Company) _____

Phone Number: _____ Position Held: _____

Length of State: from _____ to _____

Name & Title of Immediate Supervisor: _____

_____ Social Security Number: _____

(Employee Signature & Title)

To Whom It May Concern:

The above named person has applied to our company for a position. Please complete the following:

I know the above information to be true and accurate. The above named person was employed by this company on or about the dates stated.

Additional Comments:

Signature and Title of Person Completing This Form

Date

To be completed by _____ employee if verification was obtained by means other than mail.

Name & Title of Person completing this Employment Verification: _____

Information Verified by: _____ phone _____ other (explain) _____

The former employer was contacted and _____ did/ _____ did not verify the above information as stated by the applicant.

Name & Title of Person contacted: _____

This employee: _____ will/ will not be eligible for hire.
