

Employment Verification

Applicant Name: Date:

Employer Name:

Please return form to: Fax Number:

To whom it may concern:

1. Hire Date: End Date:

2. Job Title:

3. Facility Name:

4. Department Name:

Name of person verifying information:

Signed By

Date

Authorization and Release by Applicant: I am applying for employment with First Assist, Inc. I hereby request and authorize the reference named above to answer all questions that may be asked, and to provide all information that may be requested by First Assist, Inc. in connection with my application. I HEREBY EXPRESSLY RELEASE THE REFERENCE NAMED ABOVE FROM ANY AND ALL LIABILITY OF WHATEVER KIND AND NATURE WHICH, AT ANY TIME, MAY RESULT FROM PROVIDING THE REQUESTED INFORMATION.

Signed By

Date