

EMPLOYMENT VERIFICATION FORM:

Name: _____ Social Security Number: _____

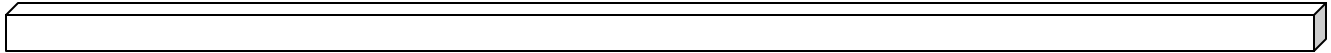
Job Title: _____

Facility Employed: _____

Employed From: _____ To: _____

I authorize my employer to verify the information I have provided. I release such persons from liability for providing such information.

Signature: _____ Date: _____



FOR FACILITY COMPLETION ONLY

Is the information above correct?: YES: _____ NO: _____

Is this employee eligible for rehire?: YES: _____ NO: _____

If no, why?: _____

Name: _____ Date: _____

Signature: _____

Job Title: _____

*THANK YOU FOR YOUR COOPERATION. A RETURN ENVELOPE HAS BEEN
ENCLOSED FOR YOUR CONVENIENCE.*