



## Employment Verification Request

### Employee Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Social Security Number: **XXX-XX-** \_\_\_\_\_

Staffing Associate or Full-Time Employee \_\_\_\_\_

### Company Requesting Information

Name of contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street address Suite #*

\_\_\_\_\_ *City State Zip Code*

\_\_\_\_\_

Email : \_\_\_\_\_

\_\_\_\_\_

Facsimile: \_\_\_\_\_

### Employee Verification – To be completed by CareersUSA

This individual was an employee of CareersUSA. YES  NO

Staffing Associate - period of employment First Check Date: \_\_\_\_\_ Last Check Date: \_\_\_\_\_

Full-Time Employee - period of employment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employee's position on the last day of employment \_\_\_\_\_

Staffing Associate – last pay rate \_\_\_\_\_

Full-Time Employee - ending salary \_\_\_\_\_

Comments: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

(You may also fax the completed form to 561-995-7003.)