REQUEST FOR WRITTEN EMPLOYMENT VERIFICATION

	Date				
Applicant or Employee's Name					
Social Security Number					
We would appreciate your help the above candidate for employ					
Signature				Date	
Applicant or Employee's Posit	tion:				
Dates of Employment:	From:	To	:Salary:		
Job Duties:					
Reason for Leaving:					
Was adequate notice given?		Is the applicant eligible for rehire?			
If no, why not?					
How well did the employee pe	erform?				
	Please	comment	on the following:		
ATTENDANCE			() Excellent () Good	() Fair () Poor	
PRODUCTIVITY			() Excellent () Good	() Fair () Poor	
EFFICIENCY			() Excellent () Good	() Fair () Poor	
ATTITUDE			() Excellent () Good	() Fair () Poor	
ABILITY TO GET ALONG WITH OTHERS			() Excellent () Good	() Fair () Poor	
SUPERVISORY ABILITY (IF APPLICABLE)			() Excellent () Good	() Fair () Poor	
Overall, what were this person	n's strong points?				
Overall, what were this person	n's weak points?				
Information provided by: Job Titl		Job Title		Date:	