

BEACON HEALTH

REQUEST FOR VERIFICATION OF PRIOR EMPLOYMENT RECORD

_____ Company	_____ Attention
_____ Address	() _____ Area Code Telephone Number
_____ City, State, Zip	

I, _____, have applied at BEACON HEALTH for the position of _____ and have indicated on the application that I was previously employed by your organization/company. As a former employee, I hereby authorize you to verify to BEACON HEALTH that the information I have provided below is accurate and complete. I further authorize you to make additional comments where necessary.

Additionally, I understand that any statement made on this form will be considered confidential. I hereby release the individual/company and BEACON HEALTH from any liability related to the information provided by the above named individual/company; and further covenant that in consideration of individual/company providing the requested information, I will neither make nor bring any claim, demand or suit against BEACON HEALTH or the individual/company before any court or administration openly arising out of or as a consequence of any of the information provided hereon or related hereto.

Please fill out both sides of this form, sign at the bottom, and return it **as soon as possible** to BEACON HEALTH in the enclosed envelope. Thank you for your cooperation.

 Signature of Applicant

_____-_____-_____
 Social Security Number

_____/_____/_____
 Date

VERIFICATION

This section to be completed by applicant	This section to be completed by previous employer		
Employment Dates – From: _____ To: _____	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Comments:
Title or Position:	<input type="checkbox"/>	<input type="checkbox"/>	
Salary – Beginning: _____ Ending: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Description of Work:	<input type="checkbox"/>	<input type="checkbox"/>	
Reason for Leaving:	<input type="checkbox"/>	<input type="checkbox"/>	
Termination was: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	<input type="checkbox"/>	<input type="checkbox"/>	
Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	

To be signed by employer giving verification. I certify that the above information is true according to our company records.

 Print Name

 Signature

_____/_____/_____
 Date

 Title

 Company

EMPLOYMENT REFERENCES

Please indicate your estimate of the applicant's qualifications by placing a check in the block which most accurately represents the applicant's degree of quality specified.

	Excellent	Good	Average	Fair	Poor	Did Not Observe
Quality of Work						
Quantity of Work						
Efficiency						
Initiative/Motivation						
Learning Ability						
Ability to Work Unsupervised						
Cooperativeness						
Character						
Attendance						
Punctuality						
Appearance						

Additional comments: _____

 Signature/Title

____/____/____
 Date

Return to: BEACON HEALTH
 5930 Heisley Road, Mentor, Ohio 44060-1834