BEACON HEALTH

REQUEST FOR VERIFICATION OF PRIOR EMPLOYMENT RECORD

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

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 ☐	Disagree ☐	Comments:
Title or Position:	☐	☐	
Salary – Beginning: Ending:	☐	☐	
Description of Work:	☐	☐	
Reason for Leaving:	☐	☐	
Termination was: ☐ Voluntary ☐ Involuntary	☐	☐	
Are you eligible for rehire? ☐ Yes ☐ No	☐	☐	

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	

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- Please see other side -

EMPLOYMENT REFERENCES

Dependability	
Ability to deal with people	
Ability to deal with crisis	
Clinical skills	
Group skills	
Organizational skills	
Interaction with co-workers	
Response to supervision	
Areas of strength	
Areas for improvement	

Additional comments: _____

_____

_____ _____/_____/_____

Signature/Title Date

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

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