# REQUEST FOR EMPLOYMENT VERIFICATION

## Section 1-To Be Completed By Applicant

**Family Choice Healthcare's Employment Policy mandates that each applicant's current or previous employment be verified. Please provide all the information requested below.**

**PLEASE COMPLETE TOP PORTION ONLY!!!!**

***All responses are kept confidential and used for employment purpose only.***

**Your signature below gives your current/previous employer permission to complete and return this verification to Family Choice Healthcare.**

Employer Name:_____
Employer Address:_____
Employer Telephone:_____

| _____ | _____ | _____ |
|---|---|---|
| **Applicant Name (Print)** | **Applicant Signature/Date** | **Applicant Telephone** |

## Section II- To Be Completed By Employer Only

Dear Employer,

Please provide the following information as it relates to the above applicant. All information is kept confidential. This form may be returned by fax or mail to:

**Family Choice Healthcare**
**651 Holiday Drive, Foster Plaza, #400**
**Pittsburgh, PA 15220**
**Office: 412.499.4103 ~ Fax: 301.200.4723**

**Hire Date:_____** **Resignation/Termination Date:_____**

**Position(s) Held: _____**

**Salary: _____**

**Reason for Resignation/Termination:_____**

**Eligible for Rehire? _____Yes _____No**

**Additional Comments:**

_____
_____
_____
_____

| _____ | _____ |
|---|---|
| **Employer Name/Title** | **Employer Signature/Date** |