



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.) _____