

Elite Care
Complete Home Care Services

CONFIDENTIAL VERIFICATION OF EMPLOYMENT

I have applied for employment with Elite Care Management, Inc. and your evaluation of my past employment with your company is necessary for consideration of employment. I hereby authorize you to release the information below:

APPLICANT'S NAME (please print): _____

Social Security Number: _____

Signature: _____ Date: _____

(To be completed by former Employer)

FORMER EMPLOYER: _____

POSITION HELD: _____

EMPLOYMENT DATES: _____

WOULD YOU REHIRE? YES / NO

VERIFYER'S NAME: _____

ADDITIONAL COMMENTS: _____

Signed: _____ Date: _____

Title: _____