

Dear Human Resource Manager,

The person identified below is being considered for employment and has signed a statement authorizing this verification and investigation (form attached). We shall appreciate a statement of your opinions and experiences as outlined below. Your reply will be considered confidential.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Dates of Claimed Employment

\_\_\_\_\_  
Position Last Held

\_\_\_\_\_  
Final Rate of Pay

Is the above information correct? Yes \_\_\_\_\_ No \_\_\_\_\_ If not please make corrections.

Eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_