



A1 Healthcare Staffing
5533 W. 109th Street, Oak Lawn, IL 60453
Phone: (708) 269-8665 Fax: (800) 730-1019
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Website: www.a1healthcarestaff.com

Employment Verification Request Form

Name: _____ SSN: _____
Employer: _____ Attn: _____
Fax: _____ Date: _____

Authorization: I authorize my employer to verify the employment information requested below. I release such persons from liability for providing such information.

Signature: _____ Date: _____

FOR EMPLOYER COMPLETION ONLY!!

Please Fax Information Back To: **800-730-1019**

Exact Dates of Employment:

Start Date: _____ End Date: _____

Position: _____

Short Description of Job Duties:

Check here if you can verify dates of employment and position held only

Reason for Leaving: Voluntary Involuntary Laid Off Terminated **(circle one)**

If Terminated, Reason for Termination:

Eligible for Rehire: Yes No (Circle one) If No, why? _____

Verifier's Name: (please print): _____

Signature: _____

Title: _____ Date: _____

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