



## Employment Verification Request Form

Name: \_\_\_\_\_ From: Ann Weist  
SSN: \_\_\_\_\_ Fax: (773) 779-8866  
Employer: \_\_\_\_\_ Phone: (773) 779-8200  
Attn: \_\_\_\_\_ Pages: 1  
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\*\**

### Exact Dates of Employment:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position: \_\_\_\_\_

Brief 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)

Reason for Termination: \_\_\_\_\_

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

Verifier's Name: (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*THANK YOU FOR YOUR COOPERATION. PLEASE FAX THIS FORM BACK TO (773) 779-8866.  
NO COVER SHEET IS REQUIRED.*

### PRIVACY STATEMENT

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