



Personal Touch Home Care Services Employment Verification

FOR OFFICE USE ONLY	
Telephone Verification	_____
Faxed	_____
Mailed	_____

INSTRUCTIONS

Applicant:
Complete Sections 1 and 2

Former Employer:
Complete Section 3 and
return to Personal Touch
Home Care Services, Inc.

PERSONAL TOUCH
HOME CARE SERVICES, INC.

13001 Main Street
P.O. Box 305
Stony Creek, VA 23882
1.800.598.9854
434.246.3110
434.246.4213 fax

SECTION 1 (COMPLETED BY APPLICANT)

Employment Verification for:

Applicant (Please Print) _____
FIRST MIDDLE LAST

Social Security # _____ Date _____

Position Applied For: _____

I have applied for employment with Personal Care Preferred Group for the position above. I hereby authorize you to verify my former employment and release you from any liability. Please supply the information below in Section 3 and return in a postage paid envelope. Thank you.

Applicant's Signature: _____

SECTION 2 (COMPLETED BY APPLICANT)

Former Employer (print) _____

Street Address _____

City/ State/Zip _____

Attention: _____

I worked for you in the following position: _____

Start Date _____ End Date _____

Reason for leaving: _____

SECTION 3 (COMPLETED BY FORMER EMPLOYER)

Please indicate employee's job performance:

	ABOVE AVERAGE	AVERAGE	UNSATISFACTORY
Attendance	_____	_____	_____
Attitude	_____	_____	_____
Overall Ability	_____	_____	_____

Would you rehire? YES [] NO []

If no please explain: _____

Signature _____ Date _____



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