



# Verification of Employment

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_  
 \_\_\_\_\_

I hereby authorize the employer above to furnish Family Hospice & Palliative Care all information and records requested concerning my previous or present employment history.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_

Company of Employment \_\_\_\_\_

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

Position Title \_\_\_\_\_ 

**TO BE COMPLETED BY EMPLOYER:**

Attendance Record     Satisfactory     Marginal/Needs Improvement     Unsatisfactory

***Evaluation of Job Performance***

Efficiency             Exceptional     Commendable     Needs Improvement     Unacceptable

Job Knowledge         Exceptional     Commendable     Needs Improvement     Unacceptable

Attitude               Exceptional     Commendable     Needs Improvement     Unacceptable

Grooming               Exceptional     Commendable     Needs Improvement     Unacceptable

Punctuality             Exceptional     Commendable     Needs Improvement     Unacceptable

Communication         Exceptional     Commendable     Needs Improvement     Unacceptable

Team work               Exceptional     Commendable     Needs Improvement     Unacceptable

Reason for Leaving \_\_\_\_\_

Eligible for Rehire  Yes  No    Comments \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_