



# Employment Verification Form

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Part One: Candidate Information

CANDIDATE NAME: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_ Position Applied \_\_\_\_\_

## Part Two: Request

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name, Title and Position of Requestor: \_\_\_\_\_

*"I certify and declare under penalty of perjury under the laws of the State of California that the above information is true and correct, and that I have legally justifiable reason for requesting this information"*

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Part Three: Verification of Employment

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Present Position: \_\_\_\_\_

If not a current employee, Date of Termination: \_\_\_\_/\_\_\_\_/\_\_\_\_ Eligible for Rehire? Yes/No

Candidate's position at the time of separation: \_\_\_\_\_

Nature of candidate's separation: Voluntary/Involuntary/LayOff/Other \_\_\_\_\_

Candidate's Attendance and Punctuality Habits: Exceptional/Average/Poor

Candidate's Performance History: Exceptional/Average/Poor

## Part Four: Authorization

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please return this form via email or fax to be completed by WestCoast Security & Investigative Agency*

*Fax: 619-615-2118 Email: hr@wcprotection.com*