

Employment History Form

Please complete this form and list your current employer first.

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____

City/State/Zip Code: _____

Employer: _____ Company Phone: _____

Address: _____ City/State/Zip Code: _____

Supervisor: _____ Phone Number: _____

Position Held: _____ If supervisory, number of employees you supervised: _____

Description of Duties: _____

Start Date – Month: _____ Year: _____ End Date – Month: _____ Year: _____

Reason for Leaving: _____

Employer: _____ Company Phone: _____

Address: _____ City/State/Zip Code: _____

Supervisor: _____ Phone Number: _____

Position Held: _____ If supervisory, number of employees you supervised: _____

Description of Duties: _____

Start Date – Month: _____ Year: _____ End Date – Month: _____ Year: _____

Reason for Leaving: _____

Employer: _____ Company Phone: _____

Address: _____ City/State/Zip Code: _____

Supervisor: _____ Phone Number: _____

Position Held: _____ If supervisory, number of employees you supervised: _____

Description of Duties: _____

Start Date – Month: _____ Year: _____ End Date – Month: _____ Year: _____

Reason for Leaving: _____

Applicant Consent Form & Specific Release
Please Print and Have Signed

In consideration of _____'s review of my credentials, (herein referred to as **CLIENT**) I hereby voluntarily consent to and authorize **CLIENT**, or its authorized agents bearing this release or copy thereof, to obtain a consumer report. I agree that this consumer report may include any of the following:

- Current Employment Verification, Past Employment Verification
- Education Verification, Credentials Verification, Reference Checks

I authorize all persons and organizations that may have information relevant to this research to disclose such information to **CLIENT** or its authorized agents. I hereby release **CLIENT**, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

_____ Signature of Applicant & Date

_____ Printed Name

_____ Current Home Address

_____ City, State Zip code