

EMPLOYEE VERIFICATION FORM

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Please complete all of the sections provided on this form. If you need to omit information, leave the section blank or enter "N/A."

COMPANY NAME

HIRE DATE

EMPLOYEE NAME

END DATE *if applicable*

JOB TITLE HELD

PAY RATE

AMOUNT

FREQUENCY

ROLE AND RESPONSIBILITIES

BONUS INFO

AMOUNT

FREQUENCY

ADDITIONAL COMMENTS

ELIGIBLE FOR REHIRE?

YES / NO

VERIFICATION REQUEST COMPLETED FOR

REQUESTOR PHONE

FORM COMPLETED BY

DATE COMPLETED

CONTACT EMAIL

CONTACT PHONE

SIGNATURE

DATE

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