



**Employment Reference Check**  
(return via fax 410.363.9498)

Date: \_\_\_\_\_

To: Name: \_\_\_\_\_

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

Office: \_\_\_\_\_

Fax: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Social Security Number: (LAST 4 # ) XXX – XX - \_\_\_\_\_

The above named applicant has applied for a position with our organization. As noted below, we have received permission to request an employment verification from you. We would appreciate your assistance with the following information.

1. Dates of employment from: \_\_\_\_\_ to: \_\_\_\_\_

2. Last position held with your organization: \_\_\_\_\_

3. Reason for termination: \_\_\_\_\_

4. Would you rehire this individual: \_\_\_\_\_

5. Employee characteristics (Circle number):                      5 (Outstanding)                      1 (Unsatisfactory)

a. Integrity	5	4	3	2	1
b. Productivity	5	4	3	2	1
c. Ability to work with others	5	4	3	2	1
d. Ability to work without direct supervision	5	4	3	2	1
e. Punctuality/ Attendance	5	4	3	2	1

6. Other beneficial information/comments: \_\_\_\_\_

Above information verified by:

Printed Name: \_\_\_\_\_

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

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant Consent**

By signing this document I give Innovative Services Inc. my consent and authorization to make inquiry of any of my former employers, and I agree not to hold Innovative Services, Inc. or my former employers liable for such inquiries regarding my experience, character and reason for leaving any and all past employments.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_