

EMPLOYMENT VERIFICATION

County of Howard, Indiana

an Equal Opportunity Employer

Please answer all questions

Date:

Organization:

Address:

To Whom It May Concern:

The individual named below has applied to us for employment and has authorized release of all background information, as certified on the attached form. He/She claims to have been employed by you as indicated below. Please complete this form and return it to our office. The information you furnish will be considered in strict confidence.

Thank you,

Applicant's Name:

SSN#:

Claims Employment as:

From:

To:

Employed as:

From:

To:

Salary/pay: \$ per:

Please describe his/her:

- Job Function:

- Performance:

- Last Performance Rating:

- Dependability on completing assignments:

- Supervision Requirements:
- Attendance:
- Ability to Take Responsibility:
- Work Attitude:
- Ability to Get Along with Others:
- Advancement Potential:
- Strengths:
- Weaknesses:
- Why did He/She Leave Your Employment?:

Would you re-employ?: Yes No Why Not:

Is There Anything Else We Should Know About This Individual?:

Individual Completing This Form:

Name:

Title:

Date:

AUTHORIZATION AND RELEASE

In applying for employment, I want **Howard County, Indiana** to be fully informed of my work history. I, therefore, authorize **Howard County, Indiana** to investigate my background and to obtain any and all information which may concern me. I release all persons, including **Howard County, Indiana**, schools, companies, corporations, credit bureaus and law enforcement agencies, from any liability on account of furnishing such information.

I fully understand that if employed, any misrepresentation of facts on my application is sufficient reason for my termination. In addition to my authorization and release of information and entities set forth above, I also authorize **Howard County, Indiana** to discuss the results of any pre-employment investigation with persons who conduct the interview(s) in any investigation, as well as with those individuals responsible for hiring.

I understand that nothing contained in my application or in the granting of or conducting of an interview is intended to create an employment contract or binding contractual relationship between **Howard County, Indiana** and myself, either for employment or for the providing of any benefit.

No promises regarding employment or duration of employment have been made to me and I understand that no such promises or guarantees are binding upon **Howard County, Indiana** unless made in writing by the appointing authority.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with or without notice, and that **Howard County, Indiana** may terminate my employment at any time pursuant to the express provisions of the *County of Howard, Indiana Personnel Policies Handbook*. If any employment relationship is established, in consideration of such an employment relationship, I agree not to use or reveal any confidential information of **Howard County, Indiana**.

Howard County, Indiana and its elected officials, administrators, managers, employees and agents are all released by me for any legal responsibility or liability for the release of such information and records as authorized above or any other liability which may arise from the release of such information.

I have read the above statement carefully and, if employed, I agree to abide by all of the terms set forth above.

Applicant Signature

Date