



Employment Verification Request

I hereby authorize my current and/or previous employer to furnish the employment information requested below.

Applicant Signature: _____ Date: _____
 Print Name: _____ Last 4 of SS# _____
 Phone No: _____
 Employer's Name: _____ Number: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

REQUEST FROM: NCOR STAFFING 301-433-3900 / FAX – 301-263-7684 – Ncorstaffing@usa.com

Employer: _____, Phone No. _____
 Employer Address: _____, ST _____ Zip _____
 Employer Title: _____ Phone No. _____
 Signature: _____ Authorized Representative Date: _____

APPLICANT/TRAINEE REQUESTED INFORMATION

Title and Position: _____
 Date of Employment for Employee/Applicant: From _____, To _____
 Average Hours Per Week: _____
 Would you consider rehiring or recommend this applicant for placement based on their present skills? Yes No

Comment (Optional)

THANKS FOR YOUR PROMPT RESPONSE

National Coalition of Resources, 4806 Saint Barnabas RD, #755, Temple Hills, MD 20757