



**Applicant: Please complete a separate form for each employer listed on your Employment Application.  
Do not fill in any of the form after the space for your signature.**

**REQUEST FOR VERIFICATION OF EMPLOYMENT**

To: (Name and address of employer)	From: Houston Area Community Services, Inc. 2150 West 18 <sup>th</sup> Street, Suite 300 Houston, Texas 77008
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Name of Applicant:	Applicant's Social Security Number:
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I voluntarily give Houston Area Community Services, Inc. the right to investigate my past and/or present employment and release from all liability or responsibility by all persons, companies, or organizations supplying said information.

Applicant Signature:	Date:
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APPLICANT: Stop here. Do not fill in any of this form below this line.

**FOR EMPLOYER USE: VERIFICATION OF PREVIOUS EMPLOYMENT**

Applicant's Dates of Employment:	Position Held:
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Eligible for Rehire:	Final Salary:	Reason for Separation:
Yes      No		

Quality of Work	Exceptional	Satisfactory	Unsatisfactory
Quantity of Work	Exceptional	Satisfactory	Unsatisfactory
Ability	Exceptional	Satisfactory	Unsatisfactory
Work Attendance	Exceptional	Satisfactory	Unsatisfactory

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Title (Please print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/Typed Name of Employer

\_\_\_\_\_  
Phone Number (extension)

Thank you for your assistance! We would be glad to reciprocate to the fullest extent allowed by our policies.

2150 West 18<sup>th</sup> Street, Suite 300  
Houston, Texas 77008

Phone: 832 384 1387  
Fax: 713 979 3651