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. 3730 Kirby Drive, Suite 820 Houston, Texas 77098

Name of Applicant:	Applicant's Social Security Number:

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:

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:

Eligible for Rehire: Yes No	Final Salary:	Reason for Separation:

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.

3730 Kirby Drive, Suite 820
Houston, Texas 77098

Phone: 713 526 0555
Fax: 713 526 1422