



To Candidate: Please complete the top portion of this form **only**. Thank you.

Date _____

Supervisor/Title: _____

Company: _____

Phone: _____

Address: _____

City, State Zip _____

Dates of Employment: ____/____/____ to ____/____/____

May we contact this reference immediately? Yes No

(Please Print)

Please supply the following employment verification and any other additional information available, on me,

_____ Social Security Number _____

(Print Name)

In signing this request, I authorize you to furnish ABCOW Services my employment record and additional information about me, which will allow them to determine my employment qualifications. I hereby release you and ABCOW from any liability for any damage for issuing this information.

Thank you for your cooperation. _____

(Applicant's Signature)

To ABCOW Services, Inc: As requested by our former employee above, we are supplying the following information. We understand that all information provided will be held in complete confidence.

Employment Dates: From: _____ To: _____

Position / Title _____

Reason For Leaving _____

Eligible for Rehire Yes: _____ No: _____ (If no, please explain) _____

PLEASE RATE CANDIDATE ON A SCALE OF 1 TO 10

Performance		Reliability	
Attitude		Communication Skills	
Ability To Work With Others		Appearance	

Additional Comments: _____

Name & Title of Verifier _____ Date: _____