

**University of North Texas Health Science Center at Fort Worth  
Employment/Education History Verification**

Applicant Name: \_\_\_\_\_

Other names you have used (including a maiden name): \_\_\_\_\_

Position Applied For: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer and Address:

\_\_\_\_\_  
Name and Title of Person Contacted:

Relationship to Applicant:       Supervisor       Co-Worker       Other (explain)

Contact Date: \_\_\_\_\_ Contact Time: \_\_\_\_\_

Verify the following from the Employment Application. Use the Comments/Explanations section to explain "No" Answers.

Item to be Verified	Verified		Comments/Explanations
	Yes	No	
Title			
Dates of Employment			
Full-time or Part-time (# of hours)			
Starting and Final Salary			
Supervisory Responsibility			
Job Duties			
Reason for Leaving			

Optional Questions:

Was performance satisfactory?       Yes       No      (If no, explain.)

Would you rehire?       Yes       No      (If no, explain.)

Do you have any additional comments or recommendations regarding this individual?

Evidence of certification and/or education attached. (If not, explain.)

Verification Completed By:

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date