HEALTH HYBRID INC.
4749 Lincoln Mall Dr, PL1 Matteson, IL 60443
Ph: 708-248-5965 FX: 708-300-6360 Email: info@healthhybrid.com

Employment Verification Request Form

Name:_____ SSN:_____

Employer:_____ Attn: _____

Fax:_____ Date:_____

Authorization: I authorize my employer to verify the employment information requested below. I release such persons from liability for providing such information.

Signature:_____Date: _____

FOR EMPLOYER COMPLETION ONLY!!

Please Fax Information Back To 708-300-6360

Exact Dates of Employment:

Start Date:_____ End Date: _____
Position:_____
Short Description of Job Duties:
_____ Check here if you can verify dates of employment and position held only

Reason for Leaving: Voluntary Involuntary Laid Off Terminated (circle one)
Reason for Termination:
_____
Eligible for Rehire: Yes No (Circle one) If No, why?
_____

Verifier's Name: (please print):_____
Signature: _____

Title:_____Date:_____

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