



Employment Verification Form
 (Submit three former employers contact information)

The applicant listed below is being considered for employment with **SOWELA Technical Community College** and has listed your organization as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us via fax to **(337) 491-2135** or via mail to: **SOWELA Technical Community College, Attn: Department of Human Resources, P. O. Box 16950, Lake Charles, LA 70616-6950**. Thank you for your cooperation.

Name of Applicant: _____ Social Security Number: _____

Name of Former Employer: _____

Supervisor: _____ Telephone #: _____

Applicant's Authorization

I hereby authorize the above named organization to furnish SOWELA Technical Community College with any information it may have concerning me which is on record or otherwise, and do hereby release the above named organization and all individuals connected therewith, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Signature of Applicant: _____

Note: Include your social security number only if your previous employer will require for verification purposes.

For STCC HR staff use only:

Record of Employment

Date(s) of Employment: _____

Position(s) Held: _____

Reason Employment Ended: _____

Employee Eligible for Rehire: Yes No

Please rate the Applicant in each of the following:

Job Skill	Excellent	Good	Average	Below Average	Poor
Attendance	Excellent	Good	Average	Below Average	Poor
Initiative	Excellent	Good	Average	Below Average	Poor
Conduct	Excellent	Good	Average	Below Average	Poor

Disciplinary Record None Few Excessive Write-ups

Additional Comments: _____

Person completing check: _____

Signature

Date