

Date: _____

Name of Applicant: _____ Position Applied For: _____

Previous Organization: _____ Job Opening Number: _____

Last Position Held: _____

Dates of Employment: Start (MM/YY): _____ End (MM/YY): _____ Salaried/Exempt Hourly/Non-Exempt

Salary: Start: _____ End: _____ Average Hours Per Week _____

Primary Job Duties: _____

Employment Verification Contact Information:

Name of Contact: _____ Title: _____

Relationship to Candidate: Supervisor HR Representative Third Party HR Vendor

Organization Name: _____ Phone Number: _____

Address/Email: _____

Method Contacted: Phone Email Letter Other

USF Employee Conducting Verification:

Signature Date

Print Name Job Title:

Applicant Authorization (Only necessary if required by former employer):

I hereby consent to the release of any information maintained about me by all previous employers, educational institutions, law enforcement authorities, licensing boards or any other entity, agency, or individual which the University of South Florida may contact to secure references or records.

Applicant Signature Date

Print Name