

# Family Care First

## Employment Reference Verification Form

### Applicant Information

Applicant Name:

Position/Applied For:

Date:

### Applicant Authorization

I authorize the individuals and organizations listed below to provide information regarding my employment history for household

Applicant Signature:

Date:

### Reference #1

#### Employer Information

Company Name:

Supervisor/Manager Name:

Job Title:

Phone Number:

Email Address:

Company Address:

### Employment Verification

Start Date:

Position Held:

**Reference #2**

**Employer Information**

**Company Name:**

**Supervisor/Manager Name:**

**Job Title:**

**Phone Number:**

**Email Address:**

**Company Address:**

**Employment Verification**

**Start Date:**

**Position Held:**

**Office Use Only**

**Reviewed By:**

**Date Reviewed:**

**Approved:**

**Yes**

**No**

**Notes:**