



68 Hauppauge Road, Commack, NY 11725
631-715-8600

VERIFICATION OF EMPLOYMENT

PLEASE PRINT CLEARLY

Name: _____ Soc. Sec. _____

The above referenced applicant has applied for a position with Gurwin Home Care Agency, Inc. and has indicated previous or present employment with your institution. Please verify the information given below and fax it at your earliest convenience.

Previous Employer: _____

Address: _____ Phone: _____

Employed From _____ To _____

Position: _____

Reason for leaving: _____

I authorize the release of the above information to Gurwin Home Care Agency, Inc.

Applicant Signature: _____ Date: _____

Applicant should not write below this line.

The above information is: Correct Incorrect

Should be: _____

Is applicant eligible for re-employment? Yes No

Remarks: _____

Authorized Signature: _____ Title: _____

Date: _____

Thank you for your cooperation. Gurwin Home Care Agency