

EMPLOYMENT VERIFICATION

COUNTY OF PULASKI, INDIANA

AN EQUAL OPPORTUNITY EMPLOYER

Organization :

Dated:

Address:

To Whom It May Concern:

The individual named below has applied to us for employment and has authorized release of all background information, as certified on the attached form. He/she claims to have been employed by you as indicated below. Please complete this form and return it in the enclosed stamped, self-addressed envelope. The information you furnish will be considered in strict confidence.

Thank you.

Applicant's name: _____ SS# _____

Salary/pay: _____ From _____ to _____

Please describe his/her:

1. Job function



2. *Performance*

3. *Last performance rating*

4. *Dependability on completing assignments*

5. *Supervision requirements*

6. *Attendance*

7. *Ability to take responsibility*

8. *Ability to get along with others*

9. *Advancement potential*

10. *Strengths*

11. *Weaknesses*

12. *Why did he/she leave your employment?*

13. *Would you re-employ? Yes ___ No ___ (Why not?)*

14. *Is there anything else we should know about this individual?*

Name of Individual completing this form:

_____ *Title:* _____

Date: _____



AUTHORIZATION AND RELEASE

COUNTY OF PULASKI, INDIANA

AN EQUAL OPPORTUNITY EMPLOYER

In applying for employment, I want Pulaski County, Indiana to be fully informed of my work history. I, therefore, authorize Pulaski County, Indiana, to investigate my background and to obtain any and all information which may concern me. I release all persons, including Pulaski County, Indiana, schools, companies, corporations, and law enforcement agencies from any liability on account of furnishing information.

I fully understand that if employed, any misrepresentation of facts on my application is sufficient reason for my termination. In addition to my authorization and release of information and entities set forth above, I also authorize Pulaski County, Indiana, to discuss the results of any pre-employment investigation with person who conducted the interviews or any investigation, as well as those individuals responsible for hiring.

I understand that nothing contained in my application or in the granting of or conducting of an interview is intended to create an employment contract or binding contractual relationship between Pulaski County, Indiana and myself, either for employment or for the providing of benefits.

No promises regarding employment or duration of employment have been made to me and I understand that no such promises or guarantees are binding upon Pulaski County, Indiana, unless made in writing by the appointing authority.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time, with or without notice, and that Pulaski County, Indiana may terminate my employment at any time pursuant to the express provisions of the Pulaski County Personnel Policies Handbook. If any employment relationship is established, in consideration of such an employment relationship, I agree not to use or reveal any confidential information of Pulaski County, Indiana.

Pulaski County, Indiana and its elected officials, administrators, managers, employees and agents are all released by me for any legal responsibility or liability for the release of such information and records as authorized above or any other liability which may arise from the release of such information.

I have read the above statement carefully and, if employed, I agree to abide by all of the terms set forth above.

Applicant's Signature:

Date:
