

Health Care Services, LLC

12728 SE Stark, Plaza 125
Portland, OR 97233
503-977-0380 Office
503-977-0473 Fax

EMPLOYMENT VERIFICATION REQUEST

Employer Name :	Employee Name:
Employer Address:	Employee Address:
Contact:	Position:
Title:	Social Security Number:
Phone Number:	Dates of Employment:
Fax Number:	Salary:

I hereby authorize Health Care Services, LLC to conduct a complete background and employment reference check on me, the above named employee, to determine my qualifications for employment with the Health Care Services, LLC. I hereby request and authorize any person or company to furnish Health Care Services, LLC with all records and information, whether favorable or unfavorable, concerning my employment records, ability, character and any other information that may apply to my qualifications or fitness for employment. I hereby release Health Care Services, LLC and any individuals or companies from any suits, claims or liability, whether known or unknown, arising out of the acquisition or disclosure of such information and records. I also promise and covenant not to commence any type of legal action or lawsuit whatsoever against Health Care Services, LLC or any individuals or companies.

Employee Signature	Social Security Number	Date
--------------------	------------------------	------

Is Employee Rehirable? Yes _____ No _____
If Not, please explain: _____
Additional Comments:(work quality, punctuality, reliability, knowledge, etc.)

Name and Title of Person Completing this Form:	Date:
Signature:	