VERIFICATION OF EMPLOYMENT FOR SALARY PLACEMENT

The person named below has indicated that he/she was formerly employed with your company. We must have verification of previous employment to properly place employees on the appropriate salary scale.

To be completed by: *EMPLOYEE / APPLICANT*

Employee must sign the top portion of the form before submitting to former employers authorizing release of the information requested below.

Employee Name _____ Employee Signature _____

Last Four of SSN _____ Date _____

This portion to be completed by: ***PREVIOUS EMPLOYER***

Position Held: _____ Began:_____ Ended:_____

Complete a separate form for each position **M/D/Y** **M/D/Y**

Indicate number of hours worked **per week:** _____

Brief description of duties and responsibilities:

_____

_____

_____

_____

Name of Company:_____

Name of Person Completing Form:_____ Position and Title:_____

Signature:_____ Date: _____

(Your signature affixed to this document indicates the information provided regarding the above named employee/applicant is accurate.)

Please scan and return the completed form to:

HRverification@gcsnc.com

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