



of Howard County, Inc.

11735 Homewood Road
Ellicott City, MD 21042
p. 410-730-0638 f.410-730-0671
www.archoward.org

Employment Reference Verification

Dear Applicant:

Please complete the Employment Reference Verification that is located on the back of this page. Please complete **ONLY** the four (4) highlighted areas that are listed below.

1. Applicant Name
2. Social Security Number
3. Your Signature
4. The Date

Please **do not** complete any other sections or information blanks on the form. This form must be completed as described above in order for you to be considered for employment.

Thank you for your cooperation.

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To: _____
 Name _____ Organization _____

 Mailing Address _____ City, State _____ Zip _____

The person named below has applied for a position with The Arc of Howard County and named you as a reference. Please complete the relevant information below and return this form to us. Thank you for your time.

Applicant's name _____ **Social Security #** _____

Previous Employer (Please complete the relevant information below)

1. Applicant's position with you: _____ Main job duties: _____

2. Dates of employment: from _____ to _____

3. Reason for separation: Resigned Dismissed Laid Off Other

4. Is this person eligible to be rehired? Yes No

5. Completed by: _____

Your name _____ Position _____ Date _____

Educational/Training Institution

1. Dates of attendance: from _____ to _____

2. Did he/she graduate? Yes No Date of graduation: _____

3. Degree/certificate/license _____

4. Completed by: _____

Your name _____ Position _____ Date _____

I authorize the Employer/Educational Institution noted above to supply the information requested. I release the respondent and the organization from liability in answering the items correctly.

Applicant's signature _____ **Date** _____