



\_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attn:** \_\_\_\_\_

Dear Employer:

The individual identified above has applied to be a foster/adoptive parent and has advised us that he/she has been employed by your company. Part of the licensing process includes verification of the applicant's employment history and is required by law. It would be appreciated if you would take a few minutes to complete this form and return to our office as soon as possible. Thank you.

\_\_\_\_\_

1. Date employment began \_\_\_\_\_

2. Rate of pay \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_

3. Hours per week \_\_\_\_\_

4. How would you rate his/her service to your firm? \_\_\_Excellent\_\_\_ Good\_\_\_Fair \_\_\_Poor

5. If terminated, date of termination \_\_\_\_\_

Any additional comments you care to make regarding attitude, behavior, attendance and relations with co-workers and supervisors would be greatly appreciated.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date