



**Employment Verification Form**  
**Administration, Staff and Temporary Employees**  
**Division of Human Resources**  
Phone (813)974-2970 / Fax (813)974-4466 / SVC 2172

Date: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Posting Number: \_\_\_\_\_

Last Position Held:  
(per application/resume) \_\_\_\_\_

Dates of Employment: Start: \_\_\_\_\_ End: \_\_\_\_\_

Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_

Major Duties:

Name of Reference: \_\_\_\_\_

Title: \_\_\_\_\_

Relationship to Candidate:  Supervisor  Co-Worker  Other

Explain: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address/Email: \_\_\_\_\_

Contact Method:  Phone  Email  Letter  Other

**Employment Verification conducted by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Job Title: