



DIVISION OF HUMAN RESOURCES
 University of South Florida
 4202 East Fowler Avenue, SVC 2172
 Tampa, FL 33620-6980
 (813) 974-2970 FAX (813) 974-5227 www.usf.edu/hr

MAIL-IN EMPLOYMENT VERIFICATION FORM

The individual named below has applied for a position with the University of South Florida. We are requesting verification of the information listed below. By signing and formally submitting an employment application, the applicant authorized USF to verify the information in Section I below. A self addressed, stamped envelope is enclosed for your convenience in returning this verification form. Your assistance is appreciated.

SECTION I: EMPLOYMENT VERIFICATION

Name of Applicant: _____

Social Sec #: _____

Last position held: _____

Other position(s) held: _____

Last salary: \$ _____ Dates of employment: _____

Reason for leaving: _____

Major duties: _____

Is the above information correct? YES ___ NO ___ If no, please note any discrepancies:

(If possible, please provide a copy of the former employee's position description or job specification with this completed form.)

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SECTION II: SUPPLEMENTAL INFORMATION

Were the services the employee performed satisfactory? YES ___ NO ___ If "no", why?

If the former employer is a State of Florida agency or any of its political subdivisions ("political subdivisions" are counties, cities, towns, villages, school districts, special road districts, bridge districts and all other districts in Florida), ask the following question:

Was the applicant hired under Veteran's Preference? YES ___ NO ___

Would you rehire the employee for this or another position? YES ___ NO ___ If "no", why?

Is there any additional information about this employee we should consider in assessing his/her suitability for employment?

***If this position requires a commercial driver's license, please refer to questions on back.**

Signature of respondent:

Title:

Phone:

Date:

Please return this form to:

Name:

Department/Mail Drop _____ Phone _____

Address:

University of South Florida

4202 E. Fowler Ave.

Department/Division Address

Tampa, FL 33620

SECTION III: (Only to be used for employees required to have a commercial driver's license.)

A condition of employment in this position is receipt of information regarding requirements of the Department of Transportation (DOT) Controlled Substances and Alcohol Use and Testing Rules. This includes, but is not limited to, information on positive test results, SAP evaluations, rehabilitation programs, and return-to-duty testing. A consent form signed by the applicant is attached.

1. Within the previous two (2) years, has this employee held a position that required a Commercial Drivers License (CDL)? Yes ___ No ___
If Yes - when _____(date).
If Yes, proceed to #2
If No, verification form completed
2. Has this employee ever tested positive on a test conducted according to DOT Alcohol and Drug Testing Rules for the presence of drugs and/or prohibited alcohol levels? Yes ___ No ___
If Yes, proceed #3
If No, verification form completed
3. Was this employee evaluated by a Substance Abuse Professional? Yes ___ No ___
If Yes, proceed #4
4. Has this employee completed a drug and/or alcohol rehabilitation program? Yes ___ No ___
If Yes, proceed #5
5. Has this employee passed a drug and/or alcohol return to-duty test? Yes ___ No ___