



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](http://www.usf.edu/hr)

**TELEPHONE EMPLOYMENT VERIFICATION FORM**

Name of Applicant: \_\_\_\_\_ EMPLID #: \_\_\_\_\_

Reference Contacted: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Last position held:  
 \_\_\_\_\_

Last salary: \$ \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Reason for leaving:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Major duties:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did employee occupy this position during entire period of employment? YES \_\_\_\_ NO \_\_\_\_

If not, list transfers, promotions, demotions, etc. and applicable dates.

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 \_\_\_\_

Since no one is perfect, please describe some of the employee's shortcomings.

Have you seen the applicant's current resume? Let me read you the part that describes his or her job with your organization to get your comments.

Do you have other comments from personal observation or performance appraisals that we should consider?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Eligible for re-employment with your firm? YES \_\_\_\_ NO \_\_\_\_  
If no, why?

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

EMPLOYMENT VERIFICATION CONDUCTED BY:  
(Use the back of this form for remarks and notes)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Start Your Telephone Verification With The Following Statement: (Only To be used for employees required to have a CDL.)**

\_\_\_\_\_ (applicant's name) has consented to the release of information concerning positive alcohol and/or drug testing, SAP evaluations, alcohol and/or drug rehabilitation, and alcohol and/or drug return-to-duty testing. The following questions relate to the information \_\_\_\_\_ (applicant's name) has consented to release. If you require a copy of this consent form, I will be happy to mail or fax this form for your files. However, the applicant will not be hired without this information.

1. Within the previous two (2) years, has this employee held a position that required a Commercial Drivers License (CDL)?  
Yes \_\_\_ No \_\_\_  
If Yes, then 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 Department of Transportation (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 \_\_\_