

Playland Park Employment Verification Request

Dear Applicant:

Please complete the following information. If you have no employment history, please complete the "Additional References" information.

Name of Individual: _____

SSN: _____ - _____ - _____

Previous Employers:

1.	_____	_____	_____	_____	_____
	Name	Phone Number	From	To	Reason for Leaving
			Mo./Yr.	Mo./Yr.	
2.	_____	_____	_____	_____	_____
	Name	Phone Number	From	To	Reason for Leaving
			Mo./Yr.	Mo./Yr.	

Previous School(s):

3.	_____	_____	_____	_____	_____
	Name	Phone Number	From	To	Reason for Leaving
			Mo./Yr.	Mo./Yr.	

Additional References:

If you do not have any previous employment, please list three personal references. These references can either be from places of worship, youth groups, teachers and/or guidance counselors.

1.	_____	_____	_____
	Name	Phone Number	Relationship to applicant
2.	_____	_____	_____
	Name	Phone Number	Relationship to applicant
2.	_____	_____	_____
	Name	Phone Number	Relationship to applicant

I, _____, hereby authorize my current or former employer, school, college and/or
(print name)
personal reference to provide Playland with information and documentation concerning my application for employment. Such information/documentation may include, but is not limited to, the information stated above.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY APPLICANT'S FORMER EMPLOYERS
This form may be copied as needed.

Playland
Human Resources Department
Playland Parkway
Rye, NY 10580
914-813-7010 (Phone)
914-813-7055 (Fax)

Name of Individual: _____

SSN: _____ - _____ - _____

Dear Employer:

Please answer the following questions regarding employment of the individual named above with your company. Kindly fill out the information and fax to the number listed above. If you require additional information, please do not hesitate to contact us. Your help is greatly appreciated.

	<u>Above</u> <u>Average</u>	<u>Below</u> <u>Average</u>	<u>Average</u>
Ability	_____	_____	_____
Attendance	_____	_____	_____
Punctuality	_____	_____	_____
Productivity	_____	_____	_____
Dates of employment	From: _____	To: _____	
Would you re-hire?	Yes _____	No _____, If no why? _____	
Reason Employment Ended:	_____		
Additional information:	_____		

Representative Name: _____

Title: _____

Representative Signature: _____

Date: _____