

Florida Agricultural and Mechanical University
REFERENCE CHECK & EMPLOYMENT VERIFICATION FORM

Applicant's Name: _____ **SSN (last four digits):** _____

Position Applied For: _____ **Position #:** _____

I. EMPLOYMENT HISTORY VERIFICATION

(This section must be verified and completed in its entirety)

Agency/Organization _____ Telephone #: _____
(Applicant's Previous/Current Employment History)

Address: _____ City/State: _____ Zip Code: _____

Job Title: _____

Employment Date(s): From / / To / /

Full-Time/Part-Time Hours per week: _____ Salary: _____ ☐ Annual ☐ Biweekly ☐ Monthly

Reason(s) for Leaving: _____

Eligible for Rehire: ☐ Yes ☐ No ☐ N/A

Person Providing Information: _____ **Title:** _____

II. EMPLOYEE PERFORMANCE RECORD

(Information should be provided by the employee's previous/current supervisor)

Performance Strengths Were?: _____

Performance Weaknesses Were?: _____

Date and Nature of Disciplinary Problems (if any): _____

Notable Recognitions, Awards, or Achievements: _____

How much supervision of the person was required? _____

Were there any complaints lodged against the employee by the public or other employees? If so, what was the nature and outcome?

Person Providing Information: _____ **Title:** _____

Under penalties of perjury, I declare that I have examined the information provided in this form and to the best of my knowledge and belief it is true, correct, and complete.

Supervisor's Signature

Date