



Dear Employer: Our applicant, your current/past employee, has authorized investigation of his/her educational, employment and professional background, or other related matters considered appropriate to verify and determine his/her qualifications for employment. This form is subject to the provisions of Florida Statutes 119, "Public Records Open to Examination by Citizens."

Section 1: APPLICANT COMPLETES

I authorize College of Central Florida to obtain employment verification information as requested below, and I release all such parties from all liability for any damage that may result from furnishing such information. I do hereby authorize the college to make such investigations and inquiries of my personal, employment, financial and other employment related matters as may be necessary in arriving at an employment decision. I hereby release the college, previous employers, schools, colleges, and other individuals, companies or agencies from all liability in responding to inquiries in connection with my application for employment.

Applicant Name: _____

Social Security Number: _____ Applicant Signature: _____ Date: _____

Employer information

Company: _____

Address: _____

State: _____ Zip Code: _____

Contact: _____

Phone: _____

Status: Full-time Part-time Temporary/Other

Employment dates:
From: _____ To: _____

Is this applicant's current employer? _____

Section 2: Employer Completes

Previous/Present Position Held: _____

Dates of Employment: From: _____ To: _____

	Excellent	Average	Poor
Ability to organize			
Attendance			
Communication			

Reason for Leaving: _____

Additional Comments: _____

Eligible for Rehire: Yes No

Completed by: _____ Date: _____

After completing, please return promptly to College of Central Florida

By fax (preferred): (352) 873-5885

or by mail: Human Resources, CF, 3001 SW College Road, Ocala, FL 34474
College of Central Florida is an Equal Access/Equal Opportunity institution.