

# City of Mountain Home Employment Verification Form

720 South Hickory Street, Mountain Home, AR 72653 – Phone 870-425-5116 – FAX 870-425-9290

INSTRUCTIONS TO APPLICANT: This is a two page form (front & back). Please complete one form for each current and one for each former employer. Please ask if you need additional forms. Completed authorization forms must be returned with your application.

## APPLICANT COMPLETES THIS SECTION – CONSENT TO RELEASE INFORMATION

I, (print name) \_\_\_\_\_ SSN \_\_\_\_\_  
have applied for the position of \_\_\_\_\_ with the City of  
Mountain Home. I hereby give consent to any and all current or former employers of mine to provide  
information with regard to my employment with them to the City of Mountain Home as requested  
below. This consent is valid for a period of six (6) months from the date signed. A copy of this  
consent and release shall serve as an original. My records with the employer listed below are in  
the name of: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

Witness to Applicant's signature (print name) \_\_\_\_\_

Witness Signature & Date \_\_\_\_\_

## COMPLETE THE FOLLOWING INFORMATION ON YOUR PREVIOUS / CURRENT EMPLOYER:

Previous / Current Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Fax: \_\_\_\_\_

Authorization to Release Previous/Current Employer Information to the City of Mountain Home

APPLICANT NAME (please print): \_\_\_\_\_

**CURRENT / PREVIOUS EMPLOYER PLEASE READ:** The above consent and release complies with §11-3-204 of the Arkansas Code, a law that provides current and former employers with protection for providing the following job information about current or former employees to prospective employers. The above applicant for employment with the City of Mountain Home indicates you are a current or former employer. Please complete the right column below, indicating whether or not your record agrees with the responses made by the applicant in the left column and provide reasons/comments regarding any differences. Please return your written response via fax to 870-425-9290 or in the enclosed self-return envelope.

Current / Previous Employer Name: \_\_\_\_\_

**APPLICANT COMPLETES THIS SIDE:**

- Employed from (Mo/Yr) \_\_\_\_\_ to (Mo/Yr) \_\_\_\_\_
- Job Title(s) AND essential duties: \_\_\_\_\_  
\_\_\_\_\_
- My last written performance evaluation, with this employer, states that my job performance, conduct, character and suitability were:  
\_\_\_\_\_ Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory
- My attendance and punctuality were satisfactory.  
\_\_\_\_\_ Yes \_\_\_\_\_ No If "No" give details: \_\_\_\_\_  
\_\_\_\_\_
- Results of drug and/or alcohol tests administered in the last year.  
\_\_\_\_\_ No tests taken \_\_\_\_\_ Negative \_\_\_\_\_ Positive  
Positive for: \_\_\_\_\_
- Made threats of violence, harassing acts or threatening behavior related in any way to the workplace or directed at another employee?  
\_\_\_\_\_ No If "yes" give details \_\_\_\_\_
- Reason for separation: \_\_\_\_\_ still employed \_\_\_\_\_ retired \_\_\_\_\_ Laid off  
(give reason) \_\_\_\_\_ resigned (give reason) \_\_\_\_\_ terminated (give reason)  
\_\_\_\_\_
- I am eligible for rehire with this employer. \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYER COMPLETES THIS SIDE:**

- No Record on the above person
- Records in storage or unavailable

**Do your records agree with applicant's responses?**

- \_\_\_\_\_ Yes If "No" give correct dates \_\_\_\_\_
- \_\_\_\_\_ Yes If "No" give correct title(s)/duties \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ Yes If "No" give reasons \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ Yes If "No" give reasons \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ Yes If "No" give facts \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ Yes If "No" give details \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ Yes If "No" give details \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ Yes If "No" give reason \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICANT – DONOT WRITE IN THE SECTION BELOW**

**CURRENT / PREVIOUS EMPLOYER PROVIDING INFORMATION:**

Employer/Supervisor (print name) \_\_\_\_\_ Date \_\_\_\_\_

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