



EMPLOYEE EMPLOYMENT HISTORY CHECK

AUTHORIZED RELEASE OF INFORMATION

I, _____ / _____
Print Name of Employee *Signature of Employee*

currently employed with _____
Name of Children's Center

authorize my previous employer _____

located at _____

to release the information requested below.

PLEASE ASSIST US BY ANSWERING THE FOLLOWING QUESTIONS:

1. Was the person named above previously employed by you: Yes No NA
 - A. Would you rehire the applicant? Yes No NA
 - B. Would you entrust children to the applicant's care? Yes No NA

2. If the person named above was a previous employee, please list the following:
 - A. Dates of employment:

From: _____ To: _____
Month/Year *Month/Year*
 - B. Applicant's Position Description:

 - C. Level of Job Performance: _____

Print Name of Person Completing Form

Signature of Person Completing Form

Telephone Number: _____ Date Form Completed: _____

Thank you. Please mail the completed form to:

Name of Children's Center: _____

Address of Children's Center: _____