

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:

1. Employed from (Mo/Yr) _____ to (Mo/Yr) _____
2. Job Title(s) AND essential duties: _____

3. My last written performance evaluation, with this employer, states that my job performance, conduct, character and suitability were:
_____ Excellent _____ Satisfactory _____ Unsatisfactory
4. My attendance and punctuality were satisfactory.
_____ Yes _____ No If "No" give details: _____

5. Results of drug and/or alcohol tests administered in the last year.
_____ No tests taken _____ Negative _____ Positive
Positive for: _____
6. 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 _____
7. Reason for separation: _____ still employed _____ retired _____ Laid off
(give reason) _____ resigned (give reason) _____ terminated (give reason)

8. 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?

1. _____ Yes If "No" give correct dates _____
2. _____ Yes If "No" give correct title(s)/duties _____

3. _____ Yes If "No" give reasons _____

4. _____ Yes If "No" give reasons _____

5. _____ Yes If "No" give facts _____

6. _____ Yes If "No" give details _____

7. _____ Yes If "No" give details _____

8. _____ 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 _____