



# 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: \_\_\_\_\_