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## Reference Verification Form

14423 W McDowell Rd G104  
Goodyear, Az 85395  
Office: 623 547-4839 or Fax: 623 547-4567

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

**Phone Number:** (     ) \_\_\_\_\_ **Fax:** (     ) \_\_\_\_\_

**Address:** \_\_\_\_\_

Starting and ending employment dates? \_\_\_\_\_

When did he or she leave the company? \_\_\_\_\_

What was her/his starting and ending salary? \_\_\_\_\_

What was her/his position? Can you describe the job responsibilities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is (he or she) eligible for re - employment? Yes  No

If no explain:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PERSON VERIFYING INFORMATION

\_\_\_\_\_  
DATE