

# Arkansas Medical Staffing, LLC

## Employment Verification

I \_\_\_\_\_ (Print Name) Voluntarily and knowingly authorize **Arkansas Medical Staffing, LLC** to contact the following employers listed in the "Company" box below to give records or information they may have concerning my present or prior employment (including character, earnings, history, and reason for termination) and any other information requested by **Arkansas Medical Staffing, LLC** to determine my eligibility for employment.

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

***Applicants Do Not Complete - For Official Use Only:***

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Company: (Print current or prior employer)	Company: (Print current or prior employer)	Company: (Print current or prior employer)
Phone:	Phone:	Phone:
Position Held:	Position Held:	Position Held:
Dates of Employment:	Dates of Employment:	Dates of Employment:
Attendance:	Attendance:	Attendance:
Eligible for Re-hire:	Eligible for Re-hire:	Eligible for Re-hire:
Contact/Title	Contact/Title	Contact/Title
Info Verified by:	Info Verified by:	Info Verified by: