



## Previous Employment Verification/ Reference Form

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

To \_\_\_\_\_:

The applicant named above is being considered for employment as a \_\_\_\_\_  
with J P Systems, Inc. The applicant has listed you as a reference and claims to have been employed by  
you as a \_\_\_\_\_ from \_\_\_\_\_

(Job Title)

(Date)

to \_\_\_\_\_  
(Date)

In order to be considered for employment the applicant is required to obtain a reference from you. Without the information requested below we cannot consider the applicant for employment. Please complete the information requested below and email or mail this form back to us as soon as possible at:

J P Systems, Inc. [info@jpsys.com](mailto:info@jpsys.com)

**7419 Kincheloe Rd  
Clifton, VA 20124  
(703) 815-0900 1 877 644-6644**

We will only use this information to evaluate the applicant for employment and will not release the information to any third party unless required to do so via subpoena or court order. If you have any questions please do not hesitate to contact me at the above number or email. Thank you.

\_\_\_\_\_  
Signed

### **Applicant's Authorization:**

I hereby authorize the addressed individual, company, or institution to furnish J P Systems, Inc. with any information it may have concerning me which is on record or otherwise, and do hereby release the addressed individual, company, or institution and all individuals connected therewith, including the company to which I am applying, from any and all liability for any damage whatsoever incurred in furnishing and disclosing any information relating to my employment with the addressed individual, company, or institution. This simply means that I will not sue the addressed individual, company or institution for disclosing any requested information concerning my previous employment.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Information Requested:**

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

Starting Compensation \_\_\_\_\_ Ending Compensation \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Any disciplinary action? YES  NO

If yes, please summarize: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you rehire? YES  NO  If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any attendance issues? YES  NO  If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing Form

\_\_\_\_\_  
Title