

REQUEST FOR VERIFICATION OF EMPLOYMENT -- CLASSIFIED EMPLOYEES --

(Salary placement depends on the completion and accuracy of this form)

TO BE COMPLETED BY EMPLOYEE

Please type or print - complete and sign before submitting. It is the responsibility of the employee to forward this form to previous employer(s).

Print Legal Name				
Last	First	MI	(Former-if applicable)	
Name of Previous Employer				
Dates employed (month/date/year) From		To		
Position (s) held				
I authorize the release of the below informatio	n concerning my previous em	ployment with your company	<i>y</i> .	
Employee Signature	Date	Social Security #		
			Required	
TO BE COMPLETED BY PREVIOUS I	EMPLOYER			
Please supply first and last date of service f possible. The following information dete	or each job title. Please con			
Employee's Job Title				
Dates employed (month/date/year) From		To		
Major Job Duties				
Hours Per Week		(Please specify the accurate total number of hours)		
Weeks Per Year (52 wks = year round)				
VERIFICATION SUPPLIED BY (person	n completing form)			
Signature			Date	
Company Name				
Address				
Phone(s)		Fax #		
After completion please mail or fax to:	Adams 12 Five Star So Attn: Human Resourc 1500 East 128 th Avenu Thornton, CO 80241- Fax: 720-972-4072	es e		

Verification forms must be received within 90 calendar days of hire date in order for the employee to receive retroactive pay from the hire date. Retroactive pay will <u>not</u> be granted for verification forms received later than 90 days after hire date. Verification forms must be received by Human Resources by the 10^{th} of the month, or the 5^{th} of the month for June and December, in order for the change to be effective for that month.