

**EMPLOYMENT VERIFICATION from Legal Papers, Inc.**  
Phone: 410-823-4444 Fax: 410-823-1649

(Applicant, just sign the release form - Do not answer the below questions)

Dear Employer: Please provide any information regarding the below referenced individual's previous or current employment with your company. A signed release is attached. Please include dates of employment, performance level and eligibility for rehire.

Applicant's Social Security: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Would you rehire this individual ? Yes or NO

Current/Previous Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Hire-Terminated Dates: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

Reason for leaving:

**Please check how you would rate the applicant:**

Excellent                  Average                  Below Average

One-on-One communication? \_\_\_\_\_

Attendance and Dependability? \_\_\_\_\_

General attitude and willingness to pitch in? \_\_\_\_\_

Stressful situations? \_\_\_\_\_

Organizational skills? \_\_\_\_\_

Documentation and Report writing skills? \_\_\_\_\_

Overall performance? \_\_\_\_\_

**APPLICANT'S CONSENT AND RELEASE OF LIABILITY**

I certify that the information given on this background verification questionnaire and release is 100% true and complete to the best of my knowledge. I understand that false or misleading information given on my application or in my interview may result in disqualification. I authorize Legal Papers, Inc., its affiliates and representatives to verify all information contained in this application or in my resume, from sources such as the history databases from Previous Employers, Driver Records, Credit, Education, State/County Criminal Courthouses and Personal/Professional associates. I release all concerned from liability in connection with any information they give and any decisions made concerning my employment based on such information. I understand that any offer of employment from L.P.I. is based upon successful completion of the background investigation.

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