



& ASSOCIATES

A PROFESSIONAL INVESTIGATION CORPORATION

DATE:

Attention: Personnel Department

REQUEST FOR VERIFICATION OF EMPLOYMENT RECORDS FOR:

Name: _____

Address: _____

Employed by you as: _____

From: _____ To: _____

Social Security Number: _____

Reason stated for leaving your employ: _____

In accordance with the **Privacy Act of 1974**, I hereby give my written consent, and authorize you to turn over any and all employment records relating to my employment.

I acknowledge by this authorization that I release you from any obligation or liability in the discharge of the contents of such files, and any professional observations or opinions contained therein.

I further request that such records be forwarded to Benn & Associates, at P.O. Box 5266, Newport Beach, CA 92662.

(Applicant's Signature)

(Applicant's Social Security Number)

The above named person is an applicant seeking employment placement by our firm, and stated that he/she was employed by you in the capacity, and for the periods shown above. We would appreciate your assistance in completing the enclosed request for this individual's employment records while in your employ.

Thanking you in advance.