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 www.medteamstaffing.com

EMPLOYMENT VALIDATION

Please complete the Employment Validation Information request as provided for by the authorization and signed consent of the Individual identified by current or former name and social security number offered to MedTeam Staffing.

Name: _____ Social Security #: _____

Former Name(s): _____

POSITION

- RN
- LV/LPN
- CASE MGMT
- ST/CST
- CAN/CHHA
- CRTT
- RTT
- Pharmacy
- Radiology

STATUS

- Full-time Part-time Per Diem
 Traveling _____
- DATES AS :**
- From : _____ To : _____
- IF DIFFERENT , CORRECTED STATUS IS/WAS :**
- _____
- No record of employee
- CORRECTED DATES :**
- From : _____ To : _____

AGE SPECIFIC COMPETENCY

- Neonates/Newborns (birth - 30 days)
- Infants (30 days - 1 year)
- Toddler (1 - 3 years)
- Preschooler (3 - 5 years)
- Older Children (5 - 12 years)
- Adolescents (12 - 18 years)
- Young Adults (18 - 39 years)
- Middle Adults (39 - 64)
- Older Adults/Geriatrics (64 + years)

STATUS

Our Total Quality Management for Continuous Performance Improvement considers our Employment Validation as an essential component of our applicant review. Information provided to us is available to authorized personnel only.

PLEASE RATE 1 thru 4	1 = DOES NOT MEET	2 = LIMITED	3 = MEETS	4 = EXCEEDS
Technical Ability		Computer Literacy		
Adaptability		Overall Job Performance		
Cooperation		Communications : Written, Read, Spoken		
Attendance Record		Patient/Public Relations		
Quantity/Quality of Work		Decision-Making Abilities/Critical Thinking		
Ability To Offer/Accept Instructions		Professional Appearance		

Date & Reason for leaving : _____

Do you recommend the applicant for employment? Yes No Eligible for Re-hire? Yes No

Additional Comments : _____

Name of Employer/Facility : _____ E-mail Address : _____

Telephone Number:[] Ext Fax Number : []

Address : _____ City State : _____ Zip

Validation By : _____ Position : _____

Validation completed by : _____ Fax Telephone Mail

Position : _____ Location : _____ Date : _____