



Employment Verification Request Form

Verification Policy: This information is to be used by the agency collecting or its assignee. It will not be disclosed outside the agency except as required and permitted by law. **By completing and submitting this form, you will receive verification of information provided to us within 5 business days.**

- Instructions:**
1. **For employment verifications** - Complete item 1 through 12 and submit by using the email button below or call 412-330-2600.
 2. **Financial institutions, law firms, and agencies requiring wage related information** - Complete item 1 through 12 and submit this completed form along with your detailed information form by using the email button or fax to 412-330-2644. **You must also provide an Authorization for Release of Information signed by the employee.**

Part I - Requestor's Information			
1. Date Requested	2. Requestor's Name	3. Requestor's Title	4. Requestor's Company Address
5. Requestor's Phone Number	6. Requestor's Fax Number	7. Requestor's Email Address	

Part II - Verification of Present or Previous Employment	Part III - Jefferson Hospital Verification Information
8. Employee's Name	AHN JEFFERSON HOSPITAL USE ONLY
	Name of Person Verifying Information
9. Last 4 digits Social Security Number	Title
	<input type="checkbox"/> Hire Date Verified Other: <input type="checkbox"/> Termination Date Verified Other: <input type="checkbox"/> Job Title Verified Other:
10. Hire Date	Email: ReachHR@wpahs.org
11. Termination Date	
12. Job Title	

IMPORTANT WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential or privileged, the disclosure of which is governed by applicable state and federal law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited.