



**Arlington  
Public  
Schools**

HR Connect:  
(703) 228-2726

hr.support@apsva.us

# EMPLOYMENT VERIFICATION REQUEST FORM

Please complete the form and submit – along with any third-party forms – to the HR Service Support Center at [hr.support@apsva.us](mailto:hr.support@apsva.us) NOTE: HR **DOES NOT** fill out third party forms without written consent from the employee. Fields denoted by an asterisk (\*) must be completed. Please call HR Service Support Center at (703) 228-2726 for questions concerning the completion or submission of this form.

## SECTION 1: EMPLOYEE INFORMATION

This section must be completed so that we may access the employee's records.

\* Employee's Name (Last, First, Middle Initial):  \* Title:   \*Lisc#  \*EmplID

\* School / Office Location:  Daytime Phone #:  Fax # (optional):  Email Address:

Home Address:  Apt #:  City:  State:  ZIP:

## SECTION 2: THIRD-PARTY INFORMATION

This section should be completed only if a third-party is to receive the verification.

Third-party Contact Name:  Company or Institution:

Daytime Phone #:  Fax # (optional):  Email Address:

Address:  Suite#:  City:  State:  ZIP:

## SECTION 3: VERIFICATION TYPE

Check the box(es) to indicate what information you are requesting. You will receive your report via email.

Service History  Wages/Salary  Work Status  Hire Dates  Other

If other or additional requests:

## SECTION 4: EMPLOYEE SIGNATURE

The employee must provide his/her signature, authorizing release of his/her employment information, before this request can be fulfilled. Even if you are a third-party placing the request, you must obtain the employee's signature, either on this form or in the authorization section of your company's form.

*I authorize Arlington Public Schools (APS) to release my employment information. (By Signing This Form, You Grant APS Permission To Send Any And All Details Related To Your employment information with APS)*

Employee's Signature