

COAHOMA COMMUNITY COLLEGE

Office Of Human Resources
 3240 Friars Point Road
 Clarksdale, MS 38614
 Phone: (662) 627-2571 / Fax: (662) 627-9451

The individual listed below has reported the following with regard to his/her employment with your company. Please verify the accuracy of this information by marking either "correct" or "incorrect" below, then return the form to us by mail or fax (662) 627-9451. Thank you for your prompt cooperation.

EMPLOYEE NAME:						
SOCIAL SECURITY NUMBER:						
EMPLOYER NAME:						
EMPLOYMENT INFORMATION:						
					CORRECT	INCORRECT
EMPLOYMENT DATES	FROM:	TO:			[]	[]
POSITION HELD:					[]	[]
REASON FOR SEPARATION:					[]	[]
ATTENDANCE	Excellent	Good	Fair	Poor	[]	[]
WORK PERFORMANCE	Excellent	Good	Fair	Poor	[]	[]

I hereby give Coahoma Community College the right to make a thorough investigation of my past employment, education, and activities, and I release from all liability all persons, companies and corporations supplying such information. I release said institution from any liability which might result from making such investigation. I understand that any false answers, statements or implications made by me in this employment verification or other required documents shall be considered cause for denial of employment or discharge.

 Signature _____
 Date

VERIFICATION COMPLETED BY: _____

DATE COMPLETED: _____

COMMENTS OR ADDITIONAL INFORMATION (Any marked "incorrect" above should be explained.):

Please refold this page so the return address is on the outside. Tape closed and return to us. Thank you.

Human Resources Representative: _____

Date Mailed: _____

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HUMAN RESOURCES

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