

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RECORD OF COMPLETION OF EXPERIENCE CREDENTIAL CHECK (S)

SPECIAL PAYMENTS PAYROLL

APPLICANT NAME: _____

POSITION/VACANCY FOR WHICH RECRUITING, I.E. JOB CLASSIFICATION/LEVEL: _____

APPROPRIATION CODE OF ABOVE POSITION/VACANCY: _____

POSITION/SALARY GRADE/STEP: _____

NATURE OF EXPERIENCE CREDENTIALS: (DESCRIBE BELOW THE EXPERIENCE REQUIREMENTS FOR THIS POSITION, I.E. 3 YEARS OF EXPERIENCE AS A REGISTERED NURSE IN AN ACUTE CARE, CRITICAL CARE, OR HOME HEALTH CARE SETTING)

EXPERIENCE CREDENTIAL CHECK (S) RESULTS

COMPLETION OF EXPERIENCE CREDENTIAL CHECK (S) AS ABOVE REVEAL:

___ EXPERIENCE CREDENTIALS VERIFIED. SEE ATTACHED COPIES

___ EXPERIENCE CREDENTIALS INCOMPLETE. FURTHER INFORMATION NEEDED. SEE ATTACHED LETTERS REQUESTING VERIFICATION/ ADDITIONAL INFORMATION.

SIGNATURE/PRINTED NAME

DATE

Date: _____

TO: _____

RE: _____

SS#: _____

Dear _____:

Mr./Ms. _____ is being considered for Special Payments Payroll Contractual employment with our department as a _____. He/she has given your organization as a place of employment from _____ to _____.

We would appreciate it if you would complete the attached form and return it by _____ so we may evaluate his/her experience.

If you have any questions or wish further clarification, you may contact _____ at _____.

Sincerely,

Contract Administrator

EMPLOYMENT VERIFICATION

ORGANIZATION _____

APPLICANT: _____

SS #: _____

Positions Held (Titles)

Dates (From - To)

_____	_____
_____	_____
_____	_____

Briefly describe the duties performed by this individual:

Were these duties performed on a full time basis, i.e. 40 hours./week? Yes No (if No, how many hours per week? _____)

Did the duties include Data Entry (circle one): Yes No

Reason for Leaving: _____

Comments: _____

Signature Title

Date Telephone Number