



Office of Human Resources Verification of Employment Form



Please send feedback or questions regarding this form to emp.verifications@dhs.arkansas.gov

Please complete sections 1 and 2 below to request the release of employment information. If you are a current or former employee, a signed copy of this form must be received by OHR before any information is released or verified. OHR can only verify general employment information, performance and/or personnel information will not be given even with authorization. Send completed form to OHR via fax to 501-682-6553, via e-mail emp.verifications@dhs.arkansas.gov or via mail to OHR – Recruitment; PO Box 1437, SLOT W301, Little Rock, AR 72201-1437.

I am a: ☐ Current Employee ☐ Former Employee

Format of response: ☐ Form ☐ Formal Letter Method of delivery: E-mail Fax Notify for Pickup
(Must pickup during regular business hours)

Please include salary information. I understand the information release will only include my annual base salary.

Section 1: Employee Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Name (printed)	Last 4 digits of SSN & AASIS Pers. Num.	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Date	Email

Section 2: Requestor Information

<input type="text"/>	<input type="text"/>
Company Name	Company Contact
<input type="text"/>	<input type="text"/>
Phone Number	E-mail Address
<input type="text"/>	<input type="text"/>
Mailing Address	City
<input type="text"/>	<input type="text"/>
	State
	Zip

Section 3: Employment Verification Information

This section will be completed by the Office of Human Resources

<input type="text"/>	<input type="text"/>
Dates of Employment	Current or Most Recent Job Title
<input type="text"/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Regular
Annual Base Salary	<input type="checkbox"/> Part-Time <input type="checkbox"/> Extra Help

I certify that the information provided above is accurate as of the date completed for the employee indicated above.

<input type="text"/>	<input type="text"/>
Completed by: Name of OHR Representative/Designee (print)	Date Completed
<input type="text"/>	
Completed by: Name of OHR Representative/Designee (sign)	