



Winston Support Services, LLC

122 East 42<sup>nd</sup> Street  
New York, NY 10168  
Telephone (212) 557 – 5000  
Fax (212) 682 – 1056

## WINSTON Support Services, LLC VERBAL EMPLOYMENT CONFIRMATION FORM

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
( please print )

*I authorize my Former Employer and / or Business listed below to provide Winston Support Services, LLC and / or it's affiliates with the information necessary to confirm the following:*

Company Name: \_\_\_\_\_ ( signature )

Company Address: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Company Phone #: \_\_\_\_\_ Supervisor's Phone #: \_\_\_\_\_

### INFORMATION BELOW THIS LINE IS FOR EMPLOYER / OFFICE USE ONLY

**Check all that apply**

Administrative  Secretarial  Customer Service  Light Phones  Heavy Phones  Large Switchboard

Responsibilities: \_\_\_\_\_

Attendance / Punctuality  
Knowledge of Hardware / Software  
Attitude / Ability to accept direction  
Performance  
Quality of Work  
Quantity of Work

	Excellent	Good	Average	Poor
Attendance / Punctuality				
Knowledge of Hardware / Software				
Attitude / Ability to accept direction				
Performance				
Quality of Work				
Quantity of Work				

ELIGIBLE FOR RE - HIRE ?

YES  NO  *If no, explain*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Is there anything you would like to add in regards to this applicant's job performance?*

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Divisions

WINSTON Office Support  
WINSTON Medical Staffing Services  
Accountants Today  
WINSTON Data  
WINSTON Legal Staffing  
WINSTON Professional Staffing