



122 East 42nd 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)
Dates of Employment:	From: To:
Department:	Supervisor's Name:
	Supervisor's Phone #:
INFORMATION BELO	OW THIS LINE IS FOR EMPLOYER / OFFICE USE ONLY
Attendance / Punctuality Knowledge of Hardware / Software Attitude / Ability to accept direction Performance	Excellent Good Average Poor ELIGIBLE FOR RE - HIRE? YES NO If no, explain
Quality of Work Quantity of Work Is there anything you would like to a	add in regards to this applicant's job performance?
Signature: Print Name: Position Title: Date:	