



65 Court Street  
 Brooklyn, NY 11201  
 Tel: (718) 935-4000  
 http://schools.nyc.gov

# EMPLOYMENT VERIFICATION REQUEST FORM

(IF COMPLETING FORM ONLINE, USE THE TAB KEY TO NAVIGATE BETWEEN FIELDS)

Please complete the form and submit – along with any third-party forms – to the responsible party indicated on the website (schools.nyc.gov/offices/dhr/employmentverification). Should you have questions concerning the completion or submission of the form, please call HR Connect at (718) 935-4000. Note: Fields denoted by an asterisk (\*) must be completed.

## SECTION 1: EMPLOYEE INFORMATION

This section must be completed so that we may access the employee's records.

\* Employee's Name (Last, First, Middle Initial):  \* Title:   \*File#  \*EmplID

\* School # / Office Location:  Daytime Phone #:  Fax # (optional):  Email Address:

Home Address:  Apt #:  City:  State:  ZIP:

## SECTION 2: THIRD-PARTY INFORMATION

This section should be completed **only** if a third-party is to receive the verification.

Third-party Contact Name:  Michelle Pyan Company or Institution:  Commercial Investigations LLC

Daytime Phone #:  800-284-0906 Fax # (optional):  212-937-3858 Email Address:  staff@commercialinvestigationllc.com

Address:  622 New Loudon Rd Suite#:  201 City:  Latham State:  NY ZIP:  12110

## SECTION 3: VERIFICATION TYPE

Check the box(es) to indicate what information you are requesting and how you would like it sent.

Title of Employee  Current Salary  Date of Hire  Date Tenure Receive  Date of Separation (retirement, resignation)

How would you/the third party like to receive the requested information (please select **only one**)?

Email  Fax  Mail  Other

Additional Requests:

## SECTION 4: EMPLOYEE SIGNATURE

The employee must provide his/her signature, authorizing release of his/her employment information, before this request can be fulfilled. Even if you are a third-party placing the request, you must obtain the employee's signature, either on this form or in the authorization section of your company's form. I authorize the New York City Department of Education to release my employment information. By Signing This Form, You Grant The DOE Permission To Send Any And All Details Related To Your Job History With The DOE.

Employee's Signature \_\_\_\_\_