

# Request for Employment Verification



Please fill out this form completely and have the employee sign it.  
Once signed & filled out, fax to 443-275-1094. In the subject line, you can just put "Employment Verification."  
Please allow 2-3 business days for an administrator to process your request.

To: MedCare Transportation, Director of Communications

From: \_\_\_\_\_

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

RE: Employment Verification for:

Employee's Name: \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

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

Please respond back by  Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Requesting party: you MUST have the employee sign this form! If it is unsigned, we cannot give out their information. Have them read the section below and sign & date the form.

**TO THE EMPLOYEE:** Please indicate that you agree to the following statement, then sign & date below.

I, \_\_\_\_\_, hereby authorize MedCare Transportation (MCT LLC) to release any and all information relating to my employment to the above-named entity for the purposes stated in the "Reason for Request" above. I further agree to hold harmless any & all parties involved from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that only those involved in the hiring decision will view it, and that neither I nor anyone else not so involved will have the right to see the information.

I agree     I do NOT agree

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Today's Date

**MedCare Transportation**

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