

**Human Resource Management**

433 Bolivar Street  
New Orleans, LA 70112  
Phone (504) 568-4834 Fax (504) 568-8010

**LSU Health Sciences Center -  
New Orleans**

The individual below has applied for a position with LSUHSC – New Orleans. Prior to making a job offer, the Department of Human Resource Management requires at least one reference check on a prospective employee. Please provide the following information on the prospective employee. Once the form has been completed, please return to Human Resources either by mail at the above address or fax to (504) 568-8010. Your assistance in this process is appreciated.

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***Professional Reference – Verified Information***

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Applicant's Name \_\_\_\_\_ Job Title \_\_\_\_\_

Employment Dates \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Eligible for rehire?  Yes  No

If no, state reason: \_\_\_\_\_

Person Contacted \_\_\_\_\_ Company \_\_\_\_\_

Title \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_

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***Reference Check by LSUHSC – New Orleans' Staff:***

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Applicant's Name \_\_\_\_\_ Name of Person Contacted \_\_\_\_\_

Position Applying For \_\_\_\_\_ Title of Person Contacted \_\_\_\_\_

Reference check by \_\_\_\_\_ Phone # of Person Contacted \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

***Authorization to Verify Employment***

I, \_\_\_\_\_ SS# \_\_\_\_\_ do hereby  
(Name) (Soc. Sec. #)  
authorize \_\_\_\_\_ to release information needed to verify my employment  
status and salary to LSU Health Sciences Center, New Orleans.

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

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