



Phone: 412-816-0113
Fax: 412-816-0120

Attention to: _____
Fax # _____

Education Verification Form

Applicant: Please complete Section 1

Section 1

Employee Name: _____ SS# _____

I hereby authorize you to request and obtain any information concerning past education credentials from any former school or program that I may have attended.

By signing below I am releasing all companies from any and all liability, claims and/or damage that may result from the release of any information obtained during the application process and thereafter.

Applicant Signature: _____ Date: _____

Previous Place of Education: Please complete Section 2

Section 2

Previous School or Program Director: _____

Address: _____ Phone # _____

The person named above has applied for employment with **Liken Home Care**. He/she has authorized the collection of any information concerning education credentials including a copy of Diploma, GED certificate or trade certification.

He/she states:

Dates of Attendance: _____ to _____ Graduation/Completion Date: _____

Please verify whether this information is correct. _____ Yes _____ No

Signature: _____ Title: _____

School / Facility / Etc. _____

Date: _____ Phone #: _____

Please send a copy of Diploma, GED Certificate or Certification to Likem Home Care via:

Fax# @ 412-816-0120

Mail: Likem Home Care

103 Yost Blvd, Suite 201

Pittsburgh, PA 15221