

KEMP COUNSELING AND CONSULTING SERVICES
Northeast Florida Adoption Support
Dr. Shawna Kemp Haley, Ed.D, LCSW
Carissa Heck, MSW, LCSW

EMPLOYMENT VERIFICATION
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

The attached applicant is in the process of a home study evaluation. Before a home study can be completed, the applicant must provide employment history. Please take the time to complete the "Employment Verification Reference" form so that the employment history may be made a part of this process. The applicant has provided written consent to have all employment documentation made available to me for the purpose of completing the home study.

I, _____, hereby authorize and request release of all pertinent and confidential professional information pertaining to me to Dr. Shawna Kemp-Haley and Carissa Heck, LCSW for the purpose of:

Adoption

I understand that I have no obligation whatsoever to disclose the requested information and that I may revoke this consent at any time by informing in writing any of the above noted individuals. I further understand that this authorization is valid for a period of 90 days from the date of my signature below.

In consideration of this consent, I hereby release the above parties from my legal liability resulting from the release of this information.

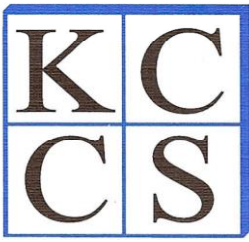
Signature: _____ Date: _____

Please return the enclosed form to:

Dr. Shawna Kemp-Haley
P.O. Box 8904
Jacksonville, FL 32239
(904) 412-3484

Carissa Heck, LCSW
2220 County Road 210 West
Suite 108, PMB 120
Jacksonville, FL 32259
(904) 553-8580

If you have any questions, please contact me at the above number. Thank you for your assistance.



KEMP COUNSELING AND CONSULTING SERVICES
Northeast Florida Adoption Support
Dr. Shawna Kemp Haley, Ed.D, LCSW
Carissa Heck, MSW, LCSW

EMPLOYMENT VERIFICATION REFERENCE

Applicant's Name: _____ Social Security Number: _____

Employment Dates: From: _____ To: _____

Title of job held: _____ Salary: _____

Job Duties: _____

Performance Rating: Please rate the following with Excellent, Average or Underperforming

Application of Knowledge: _____

Quality of Work: _____

Dependability: _____

Honesty/Integrity: _____

Attendance: _____

Ability to work with others: _____

Are you aware of any information that might question this individual's ability to take on the responsibilities of parenthood? Yes _____ No _____

If yes, please give full details; include other sources that could furnish additional information:

Would you re-hire? Yes _____ No _____

Comments: _____

Print Name: _____

Signature: _____ Title: _____

Address: _____

Telephone: _____