



KEMP COUNSELING AND CONSULTING SERVICES
Shawna Kemp, M.S.W., L.C.S.W.
Licensed Psychotherapist

**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 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, or my child) to Shawna N. Kemp, MSW, LCSW for the purpose of:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Custody Evaluation | <input checked="" type="checkbox"/> Adoption | <input type="checkbox"/> Court |
| <input type="checkbox"/> Education | <input type="checkbox"/> Referral | <input type="checkbox"/> Insurance |

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:

Shawna N. Kemp, MSW, LCSW
 PO BOX 8904
 Jacksonville, Florida 32239-8904

If you have any questions, please contact me at (904) 493-6116. Thank you for your assistance.



KEMP COUNSELING AND CONSULTING SERVICES
Shawna Kemp, M.S.W., L.C.S.W.
Licensed Psychotherapist

**EMPLOYMENT VERIFICATION
REFERENCES**

Applicant's Name _____ Social Security Number _____

Employment Dates- From: _____ To: _____

Title of job held: _____ Salary: _____

Job Duties: _____

<u>Performance Rating</u>	<u>Excellent</u>	<u>Average</u>	<u>Poor</u>
---------------------------	------------------	----------------	-------------

Application of Knowledge	_____	_____	_____
Quality of Work	_____	_____	_____
Dependability	_____	_____	_____
Supervisory Ability	_____	_____	_____
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-employ? Yes _____ No _____ Comments: _____

Signature: _____ Title: _____

Address: _____

Telephone: _____