

SERVICE LETTER

The provisions of 19 Del. C, §708 require that we obtain a service letter from you as an employer or former employer of the person named below. The provisions of 19 Del. C, §708 also require any employer who receives a request for a service letter to provide the information on this form within ten (10) business days from receipt of the request. This law provides for penalties of \$1,000 - \$5,000 for failing to disclose all applicable and available truthful information known to the employer.

TO BE COMPLETED BY EMPLOYER REQUESTING SERVICE LETTER.

Name of Business/Employer requesting service letter: _____

Name of applicant: _____

Social Security Number: _____

Dates of Employment: From: _____ To: _____

TO BE COMPLETED BY EMPLOYER RECEIVING SERVICE LETTER REQUEST.

The above-named person has applied for employment/licensure with our organization. The applicant indicated on his/her application that he/she was or is employed by you and has signed an authorization and release form that permits you to truthfully answer these questions without liability.

1. Complete name of Business/Employer

Address of Business/Employer: _____

Type of Business: _____

2. Dates of service for employee From: _____ To: _____

If this information is not available, please explain _____

3. Please answer the following questions:

A. Type of service performed by the person during the course of his/her employment. (Please Check One)

_____ The employee was directly involved on a daily or frequent basis providing services and/or care to clients/patients/residents/children

_____ The employee was not directly involved providing services and/or care to clients/patients/residents/children on a daily or frequent basis, but did occasionally provide some care and/or services.

_____ The employee did not provide services and/or care to clients/patients/residents/children, but did have some contact with them.

_____ The employee had no contact with clients/patients/residents/children.

_____ This information is not available. (Please explain)

B. Reason for separation from service (Please Check One)

_____ Laid-off _____ Resigned _____ Resigned in lieu of discharge

_____ Discharged _____ Abandoned position _____ Other (Specify)

_____ Information not available(Explain) _____

C. Information relating to employee's performance (Please check all statements which apply to this person and circle action(s) taken.)

_____ The employee was counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving his/her violent behavior or threats of violence in the workplace.

_____ The employee was counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving abuse of patients/clients/residents/children.

_____ The employee was counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving negligence/neglect of patients/clients/residents/children.

_____ The employee was never counselled, warned, reprimanded, suspended or discharged as a result of reasonably substantiated incidents involving violent behavior in the workplace, abuse of negligence/neglect of patients/clients/residents/children.

_____ Not applicable to this employee. (Please explain.) _____

4. (OPTIONAL) I would rehire this individual _____ YES _____ NO

I hereby swear/affirm that the information provided above is a full and complete disclosure of the facts required, and that the information is true and correct to the best of my knowledge and belief.

Printed name/title of person completing the form

Signature

Date

This form is provided by the Delaware Department of Labor. Reproduce additional copies as needed