

This verifies that _____ (Name of Client) applied for
_____ (Name of position/job) at _____ (Name of Company).

Reason for not hiring:

No openings _____

Not qualified _____

Other _____

Reason for not accepting position/job:

No transportation _____

Not able to perform duties _____

List physical barriers _____

Other _____

Signed: _____
(Company Representative)

Date: _____

Signed: _____
Client

Date: _____

Wyoming Department of Health
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