

How to Handle Employment Verification For The Methodist Hospital Employer Code 2569

The Methodist Hospital System uses a national employment verification service, EmployCheck, to complete employment verifications. This service provides access to employment verification information as follows:

www.EmpCheck.com
24 hours/day, 7 days/week

All requests should be directed to EmployCheck. You must register as a verifier to access this network. Simply go to www.EmpCheck.com to register. If you have further questions about the service, please call 888-279-4504.

Benefits to Verifiers

Speed – Information is available in minutes
Cost-Effective – Automated and paperless
Accurate – Information is from employer company records

Accessible – Available 24 hours a day via web

Trackable – Audit trail is provided

Two Levels of Verification Provided

Basic Cost \$25.00 (web)
\$30.00 (fax)

- Name
- Dates of employment
- Position

Complete Cost \$40.00 (web)
\$45.00 (fax)

- All basic information
- Year-to-date gross earnings and the past 2 years' wages

A Salary Key is necessary for a **complete** verification.

Obtaining a Salary Key

To obtain salary information, the employee must provide you with a Salary Key. You will use this along with our **Employer Code 2569** and the employee's Social Security number.

EmployCheck

provides employment and salary verifications for current and past employees, except for the following:

- Subpoenas or summons to appear in court.
- Garnishment of wage inquiries or notifications to discontinue garnishment of wages.
- Verification requests for law enforcement agencies (Criminal or Civil).
- Verification requests for Lost Wages purposes.
- Confirm validity of paycheck stubs and W2 forms.
- Confirm insurance coverage.
- Immigration letters, i.e. sponsorship documentation to prove that employee is gainfully employed.
- Verification requests for those whose data was not originally provided to us (such as those terminated before the data periods provided or those working for a merged organization whose data has not been integrated).
- Verification requests for temporary, contract or Medical Staff employees that are not paid by in-house payroll.
- Verification requests for the Department of Transportation, i.e. checking for DUIs and auto accidents for driver positions.

Request for Employment Verification

Fax: 888-705-4605

Company Details

If you are already a registered verifier, just supply your Verifier ID _____.

If not, please fill out the following information **(please print)**:

Company Name _____

Address _____

City _____ State _____ Zip _____

Primary Contact

First Name _____

Last Name _____

Title _____

Phone _____ Ext. _____ Other Phone _____

Fax _____

E-mail _____

Information Needed for Verification

Employer Code: **2569 The Methodist Hospital System**

Employee's Social Security Number _____ — _____ — _____

Salary Key (required to obtain salary information; provided by employee) _____

For Payment by Credit Card

Card Type (please check) _____ Visa _____ Master Card _____ American Express _____

Card Number _____ Expiration _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

I understand that there is a \$3.00 surcharge for verifications completed via fax, which will be charged to the above Credit Card or Account. There will be no charge if no records are found.

Signature _____ Date _____

Fax to 888-705-4605

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PreCheck, Inc.
ATTN: EmployCheck
2500 E T C Jester Blvd Suite 600
Houston, TX. 77008