✎PROB 14D
(Rev. 2/01)

UNITED STATES DISTRICT COURT
FEDERAL PROBATION SYSTEM

REQUEST FOR EMPLOYMENT DATA

DATE _____

Dear Sir:

The person identified below is under investigation by this office. The information requested is needed to complete this investigation. Your cooperation will be greatly appreciated.

Please return this form within three days in the enclosed envelope. No postage is necessary.

_____
SIGNATURE OF PROBATION OFFICER

ADDRESS OF PROBATION OFFICE	TELEPHONE NO. FAX NO.

NAME OF PERSON BEING INVESTIGATED *(Last - First - Middle)*

ADDRESS OF PERSON BEING INVESTIGATED

DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	RACE

ALSO KNOWN AS

INFORMATION DESIRED

WAS THIS PERSON EVER IN YOUR EMPLOY?	IF "YES," GIVE DATE STARTED	DATE LEFT	SALARY OR WAGE
☐ YES ☐ NO			

POSITIONS HELD

REASON FOR TERMINATING EMPLOYMENT

WAS THIS PERSON'S SALARY ATTACHED?
☐ YES ☐ NO

WOULD YOU CONSIDER RE-EMPLOYING THIS PERSON?
☐ YES ☐ NO

REMARKS (Concerning this person's attendance, ability, industry, reliability, and different times employed by your organization.)

SIGNATURE OF OFFICIAL	TITLE	DATE

IF ADDITIONAL SPACE IS REQUIRED, USE REVERSE SIDE

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