# Non-Verifiable Employment Gap Form

This form is intended to be used when employment verification is not possible due to adverse events.
Examples of applicable situations:

- Destruction of records due to natural disasters
- Countries where employment is not verifiable
- Company closures

**Please note, this form is utilized to seek exception where employment is not verifiable.**
**There is no guarantee by completing this form that an approved exception will take place.**

I, _____, acknowledge the below dates of employment are not verifiable for reasons mentioned above.

Below is the brief explanation for the employment not being verifiable, including the specific dates of employment (i.e., hurricane, business closed, etc.). I understand that this information is solely used for completing my employment history verification for the last five years, as well as meeting any scope of service requirements specific to experience.

| | |
|---|---|
| Start date of employment: | |
| End date of employment: | |

_____

_____

_____

_____

| | |
|---|---|
| Start date of employment: | |
| End date of employment: | |

_____

_____

_____

_____

Signature:_____ Date: _____

**PLEASE DO NOT WRITE IN THIS PORTION.**

*This will be filled out internally by HealthTrust Staff, to be sent for an exception on your behalf.*

| | |
|---|---|
| **Type of File:** <br> ☐ Initial ☐ DE Upload ☐ Vendor Change ☐ Added Division ☐ Other: | |
| **System Platform:** ☐ DHP ☐ VPro | |
| **DHP/VPro Name & Staff Code:** | |
| **Classification:** | |
| **Certification or License Verified:** | |
| **Agency:** | |
| **Years' experience in current role:** | |
| **Specialist Name:** | |
| **SOS Experience Requirement:** | |
| **Experience <u>verified</u> on Background:** <br> *(Include copy of Background Check)* | |
| **Experience NOT verified:** <br> *(Include copy of Background Check)* | |

| **Division(s) on Account:** | | | | | |
|---|---|---|---|---|---|
| **Division** | **VP** | | **Division** | **VP** | |
| CWTX | Julie Hajek | | CAP | Lesley Channell | |
| NTX | Jenifer Tertel | | CON | Suzanne Kelley | |
| GC | Lauren Bright | | EFL | Ben Bittner | |
| SAN | Barry Burns/Kelly Scott | | NFL | Michelle Rozen | |
| MA | Anna Backman | | WFL | K. Moore /P. Vance | |
| MTN | Kevin Allred | | SA | Steve Burgess | |
| FW | Nate Bigler | | TRI | Rich Lowe | |

| **Facilities in account + Facility Contact** *(Use Facility Contact Spreadsheet)* | | |
|---|---|---|
| **Facility / ASC Name** | **Contact Name** | **Contact Email** |
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*Revised 3/7/2019*