

**EMPLOYMENT VERIFICATION**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT**

TO: (Name & Address of Employer)

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant

\_\_\_\_\_  
Last four digits of Social Security Number

I hereby authorize release of my employment information.

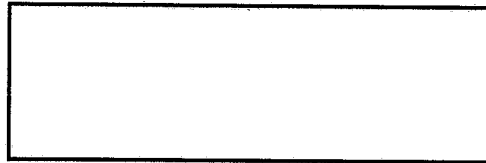
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

We, the undersigned applicant (s) authorize all persons or companies in the categories listed below to release without liability, all information regarding our employment, income and/or assets. The information may be released only to the applicant.

\_\_\_\_\_  
Owner's Name/Management Agent

**Return Form To:**



**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_

Job Position Held: \_\_\_\_\_

Presently Employed: YES \_\_\_\_\_ NO \_\_\_\_\_

Date First Employed \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (Check one)

Hourly  Weekly  Bi-Weekly  Semi-Monthly  Monthly  Yearly

Other \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employer's Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer(Company) Name and Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number