



Employment Verification

NAME OF EMPLOYEE: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

(RELEASE AUTHORIZATION: BY SIGING THIS FORM YOU GIVE PERMISSION FOR YOUR EMPLOYER TO RELEASE THIS INFORMATION)

Applicants, do not complete anything below this line. Please return to our office.

We will have the rest of this form completed by your Employer.

This section is for EMPLOYER ONLY.

LENGTH OF EMPLOYMENT: _____

SALARY/PAY INFORMATION: _____

AVERAGE HOURS WORKED PER WEEK: _____

ANY ADDITIONAL TIPS/BONUS/COMMISSION: _____

VERIFIER'S SIGNATURE: _____ DATE: _____

By signing this form you are verifying that all information is true and correct to the best of you knowledge.

TITLE/POSITION: _____ PHONE NUMBER: _____

Please email this form back to **X**