

EMPLOYMENT VERIFICATION REQUEST FORM

To: _____ Date: _____

Employer Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

The person named below has made an Application for Lease with us. Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release their employment information. Your assistance in providing employment information will be sincerely appreciated. Thank you.

Applicant's Employee Name: _____

Applicant's Current Address: _____

Applicant's Social Security No: _____

Applicant's Department or Branch: _____

APPLICANT AUTHORIZATION OF THIS INQUIRY

I HEREBY CONSENT TO THE RELEASE OF MY EMPLOYMENT INFORMATION

Applicant Signature (typed if filing electronically) _____ Date _____

This Must Be Completed By Applicant's Employer Only

		Gross Monthly Salary	How Paid?	
		\$	<input type="checkbox"/> Payroll Check <input type="checkbox"/> Cash	
Position Held				
X				
Employer's Signature		Employer's Title	Employer's Phone #	
Employee Start Date		End Date		
Month	Year	Month	Year	

EMPLOYER'S COMMENTS (To be filled out by Employer only)