

EMPLOYMENT VERIFICATION

The individual signed below has submitted an application to _____.
Please provide the information requested and fax this form back to our office at _____

Thank you for your prompt response.

Name of Applicant _____

I hereby authorize release of the information requested below.

Applicant's Signature

Date

(TO BE COMPLETED BY EMPLOYER)

Dates of Employment: _____ through _____

Salary \$ _____ per _____ (year, month, week)

Is Employment Permanent? YES NO

Date

Signature

Title/Department

Company

Rev-res-20070516