EMPLOYMENT VERIFICATION

(03/19)

To: Name of Employer			Date					
Address			City	State	State ZIP Co			
Re: Applicant/Tenant Name Social Securi			ty Number	Der Unit Number if assigned				
I hereby authorize release of	mv emplovment ir	formation.						
Signature of Applicant/Tenant				Date	Date			
The individual named direct information provided will rengreatly appreciated.								
Project Owner/Management Ag	gent							
Return Form To								
THIS SECTION TO BE C	OMPLETED BY	EMPLOYER	1					
Employee Name Jo			lob Title					
			☐ Not Presently Employed ast Day of Employment					
Current Wages/Salary	□Weekly □ Bi-We	eekly Semi-l	Monthly ☐Monthly ☐] Yearly □Oth	ner			
Average Number of regular hours per week You			Year-to-date earnings Through					
Overtime Rate Per Hour			Average Number of Overtime Hours Per Week					
Shift Differential Rate Per Hour A			Average Number of Shift Differential Hours Per Week					
Commissions, bonuses, tips of		eekly	Monthly ☐Monthly ☐] Yearly □Oth	ner			
List any anticipated change in t Effective Date	he employee's rate of	f pay within the	next 12 months					
If the employee's work is seaso	nal or sporadic, pleas	se indicate the I	ayoff period(s)					
Additional Remarks								
Employer Signature			Employer's Printed Name				Date	
Employer Company Name	Telephone Numb	er	Fax Number	Fax Number Email Address				
Address			City			State	ZIP Code	

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.