

EMPLOYMENT VERIFICATION

TO:	(Name & address of employer)		Date:	
RE:	Applicant/Tenant Name		Social Security Number	Unit # (if assigned)
	by authorize release of my employment infor		Social Security Number	Onit # (if assigned)
	Signature of Applicant/Tenar	nt		Date
	dividual named directly above is an applical confidential to satisfaction of that stated pu			
	Project Owner/Management A			
		Return Form To:		
	THIS	SECTION TO BE COM	PLETED BY EMPLOY	YER
Emplo	yee Name:	Jol	Title:	
	tly Employed: Yes Date First E			
	<u>nt</u> Wages/Salary: \$ □ hourly □ weekly □ bi-weekly □ s		□ yearly □ other	
Averag	ge # of regular hours per week:	Year-to-date earnings: \$	from:/_	/ through:/
Overti	me Rate: \$ per hour	Average # of o	vertime hours per week:	
Shift [Differential Rate: \$ per hour	Average # of s	hift differential hours per w	reek:
	uissions, bonuses, tips, other: \$ hourly \(\square\) weekly \(\square\) bi-weekly \(\square\)		□ yearly □ other	
List an	ny anticipated change in the employee's rate	of pay within the next 12 mor	nths:	; Effective date:
If the e	employee's work is seasonal or sporadic, plea	ase indicate the layoff period	(s):	
Additi	onal remarks:			
	Employer's Signature	Employer's Print	ed Name	Date
		Employer [Company] Na	ame and Address	
	Phone #	Fax #		E-mail

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.