



**EMPLOYMENT VERIFICATION**

TO (Company Name) : \_\_\_\_\_

ATTN: \_\_\_\_\_

Fax # (to): \_\_\_\_\_

The applicant listed below has applied for an apartment at our community, the Arbors of Findlay. Please fill out this form and return to us via Fax at (419) 429-0621, or via Email at AOFmanager@GranitePMC.com. If you have any questions, please call at (419) 429-1796. Thank You.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

My signature below authorizes you to release this information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Current or former employee: Current \_\_\_\_\_ Former \_\_\_\_\_

Employment Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_

Base Pay (enter amount in applicable period):

Hourly: \$ \_\_\_\_\_ Weekly: \$ \_\_\_\_\_ Monthly: \$ \_\_\_\_\_

YTD Earnings: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Overtime: \$ \_\_\_\_\_ Commissions: \$ \_\_\_\_\_ Bonus: \$ \_\_\_\_\_

Probability of Continued Employment \_\_\_\_\_

Please list any additional comments below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Title: \_\_\_\_\_

Please Print Name \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only Verbal Verification</b>
Date _____
Spoke To _____
_____
By _____