



EMPLOYMENT VERIFICATION

TO (Company Name):					
ATTN:		Fax # (to):			
The applicant listed below has applied for an apartment at our community, the Arbors of Wooster. Please fill out this form and return to us via <u>Fax at (330) 345-3828</u> , or via <u>Email at AOWmanager@GranitePMC.com.</u> If you have any questions, please call at (330) 345-3338. Thank You.					
Applicant Name		Social Security Number			
My signature below authoriz	zes you to release this i	nformation.			
Applicant Signature			Date		_
Current or former employee:	Current	Former _			
Employment Dates	From:		To:		
Position:					
Base Pay (enter amount in app	olicable period):				
Hourly: \$	Weekly: \$		Monthly: \$		
YTD Earnings: \$		Other: \$			
Overtime: \$	Commissions: \$		Bonus: \$		
Probability of Continued Emp	loyment				
Please list any additional co	mments below:				
Signed		Title:			
Please Print Name				Office Use Only	Verbal Verification
				Date	
Phone #	Date			Spoke To	
				By	