



EMPLOYMENT VERIFICATION

TO (Company Name):					
ATTN:	TTN:		Fax # (to):		
The applicant listed below has a return to us via <u>Fax at 888-203-</u> (330) 238-8996. Thank You.					
Applicant Name			Social Securi	ty Number	
My signature below authoriz	es 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 Ve	rbal Verification
				Date	
Phone #	Date	·		Spoke To	
				By	