



By_

VERIFICATION OF EMPLOYMENT

TO (Company Name):					
ATTN:		Fax # (to):			
The applicant listed below has to us via Fax at 330-247-4212 682-4436.					
Applicant Name	-	Social Secur	ity Number		
My signature below authoriz	zes you to release this	information.			
Applicant Signature			Date		_
Current or former employee:	Current	Former _			
Employment Dates	From:		To:		
Position:					
Base Pay (enter amount in app	licable 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				Office Use Only	Verbal Verification
				Date	
Phone #	Dat	te		Spoke To	