

Employ Verif \_ Ver 2020



## **EMPLOYMENT VERIFICATION**

TO (Company Name):		EMAIL (to):			
ATTN:	Fax # (to):				
The applicant listed below has return to us via Fax at (330) 26 (330) 264-6116. Thank You.					
Applicant Name			LAST 4 DIGITS: Social Security Number		
My signature below authori	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	olicable period):				
Hourly: \$	Weekly: \$		_ Monthly: \$		
YTD Earnings: \$		Other: \$			
Overtime: \$	Commissions: \$		Bonus: \$		
Probability of Continued Emp	oloyment				
Please list any additional co	omments below:				
Signed		Title:		Office Use Only Ver	rbal Verification
Please Print Name				DateSpoke To	
Phone #	Date	e		By	