

REQUEST FOR VERIFICATION OF EMPLOYMENT

PROPERTY NAME:	
THIS FORM MUST BE FILLED OUT COMPLETELY	Y, WITHOUT OMISSION, BY PRESENT EMPLOYER.
I hereby authorize my employer to furnish the informati	ion below:
Employee Name (Please Print)	Employee Signature
Employee Address	Date
Employer Name	Employer Address
To Whom it May Concern:	
	The state of the s
Base salary per hour, per week, p Is all or part of the compensation in the form of bon	per month, per year us or commission? If so, how much?
2. Earnings for the past 12 months:	
3. How long in your employ?	
4. Position held:	
5. Probability of continued employment:	
6. Average hours worked per week; Overting	me
PLEASE USE COMPANY STAMP BELOW	Signature, Title, Phone Number

Form should be faxed, hand delivered or emailed to the property manager at:

248-385-2310 (Fax)
<u>Temporary On-Site Trailer</u>,
<u>Paula@thelarchmontestates.com</u>

