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## EMPLOYMENT VERIFICATION

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

THIS IS TO VERIFY EMPLOYMENT ON: \_\_\_\_\_

THANK YOU FOR YOUR COOPERATION:

PLACE OF EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

WAGES: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

PERSON VERIFYING INFORMATION: \_\_\_\_\_

POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE      SOCIAL SECURITY NUMBER      DATE