

Employment Verification
MUST BE SIGNED BY EMPLOYER

EMPLOYER: _____

ADDRESS: _____

PHONE # _____ **FAX #** _____

Dear Employer:
Please consider this signed letter my authorization for you to release any information concerning employment with your company.

Applicant's Signature **Position/Title**

EMPLOYER ONLY

Is the above named individual presently employed? _____

Length of employment: _____ years _____ months

Wages per hour: \$ _____ # of hours worked per week: _____

If salary, present monthly salary: \$ _____ Is the position permanent? _____

If temporary, how long? _____

Authorized Signature **Title**

Date

Thank you for your cooperation in supplying this information. Please fill out and return by fax as soon as possible to (618) 377-4663.

Sincerely,

VGM Management
601 Kansas Street Apt 1
Bethalto, IL. 620101
Email VGMMANAGEMENT@YAHOO.COM
Nancy Strohbeck
Apartment Manager