Employment Verification

MUST BE SIGNED BY EMPLOYER

(You may supply a print out from paychecks instead)

EMPLOYER: _____

ADDRESS: _____

PHONE # _____ **FAX #** _____

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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**

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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 email 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