

EMPLOYMENT VERIFICATION

ATTENTION:	FAX:	Date:
To: Employer:		
RE: Employee	SS#:	
WE are in the process of checking ou "EMPLOYEE."	t the rental application submitte	d by the person named above as
	pproving this employee to rent to owing requested information and	d returning this form
Mailing to:	or	
 Length of employment: Position held: Monthly Gross salary: 		
Information provided by: Telephone #:	Т	ïtle:
I hereby authorize my employer to re the offices of		n in connection with my employment to
Please fax to:	-	
Employer / Authorized Signature: _		
Employee/ Applicant:	Signa	ature