

# Vernon Manor Section II

505 East Lincoln Ave  
Mount Vernon, New York 10552  
(914) 699-3135  
(914) 699-1344

Email: info@vernonmanor2.com

# REQUEST FOR EMPLOYMENT VERIFICATION

To \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE

The Person(s) named below has made application for stock transfer with us. Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release their employment information. Your assistance in providing employment information will be sincerely appreciated. Thank You.

RE Employee Name(s) \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_

Department or Branch \_\_\_\_\_

Dates of Employment \_\_\_\_\_

REQUEST SUBMITTED BY	TITLE	Phone
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### APPLICANTS AUTHORIZATION OF THIS INQUIRY:

I hereby consent to the release of my employment information.

\_\_\_\_\_  
Employee's Signature(s)

\_\_\_\_\_  
Date Signed

### EMPLOYER'S COMMENTS

Dates of Employment (From) \_\_\_\_\_ To \_\_\_\_\_

Position Held \_\_\_\_\_

Gross Salary or Wage \$ \_\_\_\_\_ per  MONTH  WEEK  HOUR

(If on hourly wage, please specify approximate number of hours worked weekly: \_\_\_\_\_ Hours)

Would You Rent to this Person Again:  YES  NO  NOT SURE

Other Comments \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_