

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

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 **Hire** this Person Again: ☐ YES ☐ NO ☐ NOT SURE

Other Comments _____

SIGNATURE _____ TITLE _____ DATE _____