

WESTMINSTER CLUB APARTMENTS

EMPLOYMENT VERIFICATION

(APPLICANT FILLS OUT TOP SECTION, EMPLOYER COMPLETES BOTTOM SECTION)

PLEASE FAX BACK TO: 912-264-4836

EMPLOYER: _____

RE: EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

DEPARTMENT/ BRANCH: _____

DATES OF EMPLOYMENT: _____

DATE OF BIRTH: _____

APPLICANT'S AUTHORIZATION

I HEREBY CONSENT TO THE RELEASE OF MY EMPLOYMENT INFORMATION

SIGNATURE: _____ **DATE:** _____

(BELOW TO BE COMPLETED BY EMPLOYER)

DATES OF EMPLOYMENT: FROM: _____ **TO:** _____

POSITION HELD: _____

GROSS SALARY OR WAGE: \$ _____ **PER** _____ **MONTH** _____ **WEEK** _____ **HOUR**

HOURS WORKED: _____ **PAY PERIOD:** _____ **WEEKLY** _____ **BI-WEEKLY** _____ **MONTH**

OTHER COMMENTS: _____

COMPANY AUTHORIZED SIGNATURE: _____ **DATE:** _____

TITLE: _____ **PHONE:** _____

COMPANY STAMP: