

## REQUEST FOR EMPLOYMENT VERIFICATION

Date: \_\_\_\_\_

Company requesting verification: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

The above named has applied for residency at \_\_\_\_\_ and has listed you as his / her employer. Please complete and FAX this verification to **(440) 953-8707** as soon as possible. If you have questions, you may contact Rick Klimek at **(440) 953-8687**.

**Thank you for your prompt response.**

---

Name of employee: \_\_\_\_\_

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_ Phone: \_\_\_\_\_

Start date: \_\_\_\_\_ Currently employed?: \_\_\_\_\_ Weekly / Monthly salary: \$ \_\_\_\_\_

Position: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Form completed by \_\_\_\_\_ Title: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**TENANT APPLICANT – SIGN, DATE AND PRINT NAME BELOW:**

Authorization to release information

I hereby authorize \_\_\_\_\_ to furnish the information requested, and I release above company, its officers, agents and employees from any and all liabilities which may result by reason of compliance with the above request.

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print name*