

Employment / Wage Verification

Date: _____

TO WHOM IT MAY CONCERN: This is an authorization to release the information concerning the employment of _____.

I, the undersigned, _____, give permission for _____ (*Insert Service Provider Name*) to collect information regarding my employment start date and my wage per hour.

Employee's (Consumer's) Signature

Date

TO BE COMPLETED BY EMPLOYER

Employers Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Employment Start Date: _____

Current Hourly Wage: _____

Job Title: _____

Employer's Signature

Title

Date

Employer's Printed Name

PLEASE FAX/EMAIL TO: *Insert Service Provider Contact*

Fax: XXX

EMAIL: XXX