



22445 Lorain Road Fairview Park, Ohio 44126  
Telephone 440.212.9792 Facsimile 216.803.0130

**REQUEST FOR EMPLOYMENT/SALARY VERIFICATION**

**To:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

The person named below has made an application for residency with us. Your firm was listed as having currently or formerly employed this individual. 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 \_\_\_\_\_  
Current Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Department or Branch \_\_\_\_\_  
Dates of Employment \_\_\_\_\_

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**APPLICANT'S AUTHORIZATION OF THIS INQUIRY**  
I hereby consent to the release of my employment information.

\_\_\_\_\_  
**Employee's Signature** **Date**

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**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)

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

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_