



Employment Verification

APPLICANT: Please complete the TOP SECTION ONLY of this form, and then forward it to your employer to complete the bottom section and return it to us.

I hereby authorize the release of my information by my employer and request my employer to complete this verification form:

APPLICANT NAME: _____

SIGNATURE: _____

DATE: _____

PROPERTY APPLYING FOR: _____

EMPLOYER INFORMATION:

BUSINESS NAME: _____ EMAIL: _____

SUPERVISOR NAME: _____ FAX: _____

PHONE: _____

EMPLOYER: Thank you very much for completing the below section of this form and returning it to us via **EMAIL: ed@hawkmgmt.com** or via **FAX: (424) 217-5228**. Please feel free to call us at (424) 777-9848 with any questions. THANKS!

THIS SECTION TO BE COMPLETED BY EMPLOYER:

Dates of Employment: Hire Date: _____ Termination Date: _____

Salary Information: Starting Salary: _____ Ending Salary: _____

Job Title: _____

Job Description or Duties: _____

Is employee eligible for rehire? ☐ Yes ☐ No

Comments: _____

Signature of Person Verifying

Date