



**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: \_\_\_\_\_

**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!

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**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