



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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:	_____ _____	
Signature of Person Verifying	_____	
	Date	