

RETURN TO:

EMPLOYMENT VERIFICATION

EMPLOYEE'S NAME

ADDRESS

POSITION TITLE

DATE EMPLOYED	CONTINUOUS SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EMPLOYMENT

FULL TIME PART TIME SEASONAL BASIS

AMOUNT OF SALARY

\$ WEEK MONTH SEASON YEAR

IF EMPLOYMENT HAS TERMINATED PLEASE FILL OUT THE FOLLOWING:

REASON

REEMPLOYMENT POSSIBILITIES

REMARKS

EMPLOYER

SIGNATURE - EMPLOYER'S REPRESENTATIVE	DATE
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TITLE