

# EMPLOYMENT VERIFICATION FORM

- This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in Section 1. Copies of this form and of the Applicant's signature are acceptable. The Applicant may be contacted to verify the authenticity of this request. **Please mail or fax this form to the person listed in section 2 as soon as possible (within 24-48 hours)**

## TO BE COMPLETED BY APPLICANT

### 1. Authorization by rental Applicant for the release of information

*I hereby authorize the release of the information requested on this Employment Verification Request to the Owner/Agent listed below. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.*

Name \_\_\_\_\_ Phone number (\_\_\_\_\_) \_\_\_\_\_

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

## TO BE COMPLETED BY OWNER/AGENT

### 2. Person requesting the employment reference

Name of Owner/Agent \_\_\_\_\_ Ironwood Condominiums \_\_\_\_\_

Address \_\_\_\_\_ 212 Brookdale Drive \_\_\_\_\_ Unit # \_\_\_\_\_ N/a \_\_\_\_\_

City \_\_\_\_\_ Vacaville \_\_\_\_\_ State \_\_\_\_\_ CA \_\_\_\_\_ Zip \_\_\_\_\_ 95687 \_\_\_\_\_

Phone number (\_\_\_\_ 707 \_\_\_\_ ) \_\_\_\_\_ 474-5230/624-0351 \_\_\_\_\_ Fax number (\_\_\_\_ 707 \_\_\_\_ ) \_\_\_\_\_ 474-5231 \_\_\_\_\_

### 3. Applicant's employment information:

Present **OR**  Prior Occupation (check one)

Employer Name \_\_\_\_\_ LEAVE BLANK - Submit with 90 Days Pay Stubs or Leave/Earning Statements \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's/HR Manager's Name \_\_\_\_\_ Employer/HR Phone number (\_\_\_\_) \_\_\_\_\_

Beginning and Ending Dates of Employment \_\_\_\_\_

Current Gross Income (if applicable) \$ \_\_\_\_\_

## TO BE VERIFIED BY CURRENT OR FORMER EMPLOYER

### 4. Employment information verification

Is the information provided in Section 3 above correct?

Employer Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervisor's/HR Manager's Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer/HR Phone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beginning and Ending Dates of Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Gross Income (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Verification provided by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

If No, please explain: \_\_\_\_\_

Verification obtained by:

Phone  Mail  Fax

