

Request for EMPLOYMENT VERIFICATION

VIA: ___ Mail ___ Fax ___ Phone ___ Courier

Please fill out the top portion and give to your employer.

Date:

TO:

**Requesting Agent: Customized Solutions Phone 413-562-1429 Fax 413-562-1344
or email form back to us as Info@customized--solutions.com**

The person named below has made application for apartment/housing rental with us. Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature on the rental application, has authorized you to release their employment information. Your assistance in providing employment information will be sincerely appreciated. Thank You.

Employee Signature to release information

RE:

Employee Name _____

Current Address _____

Social Security Number _____

Department or Branch _____

Date(s) of Employment: Start _____ End _____

Request Submitted By _____ Title _____ Phone _____

Employers Comments

Employers Name _____

Dates of Employment (From) _____ To _____

Position Held _____ [] Full Time [] Part Time

Gross Salary or Wage \$ _____ per [] Month [] Week [] Hour*
(If on hourly wage, please specify approximate number of hours worked weekly: _____ Hours)

Is there an expected increase in salary or wages, if so, to what amount _____

Likelihood of continued employment _____

Printed Name & Title

Signature Phone _____ Date _____

Thank You for Your Cooperation