



13 MORNING GLORY LANE
MANHEIM, PA 17545
PHONE (717) 665-6864
FAX (717) 665-6878

EMPLOYMENT VERIFICATION

I _____ HEREBY AUTHORIZE THE RELEASE OF MY EMPLOYMENT INFORMATION TO MEADOWS EAST APARTMENTS.

EMPLOYMENT VERIFICATION FOR: _____
FULL NAME OF EMPLOYEE

COMPANY NAME/ADDRESS: _____

COMPANY PHONE #: _____ COMPANY FAX #: _____

TO BE FILLED OUT BY EMPLOYER

EMPLOYMENT START DATE: _____

YEARLY GROSS: _____

COMMISSIONS: _____

DEPARTMENT/TITLE: _____

IS EMPLOYMENT LIKELY TO CONTINUE: _____

SUPERVISOR'S NAME: _____ TITLE: _____

SUPERVISOR'S SIGNATURE: _____

COMMENTS: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

PLEASE FILL IN THE ABOVE INFORMATION AND FAX BACK TO MEADOWS EAST AT YOUR EARLIEST CONVENIENCE.

THANK YOU,

LEASING CONSULTANT, MEADOWS EAST