



EMPLOYMENT VERIFICATION

Account # _____ Order# _____ Site Code _____ Exam Date _____

Last Name _____ First Name _____ mm/dd/yr _____ MI _____

Address _____ Apt # _____

City and State / Province / Country _____ Zip Code _____

Home Telephone Number _____ Work Telephone Number _____ Mobile Telephone Number _____

Date of Birth (*example November 30 1952*) _____ U.S. Social Security Number (*last 4 only*)
 _____ X X X X X X _____

E-Mail Address (*confirmation notification will be sent to this address*) _____

Employment Verification

- This section **MUST** be completed by a supervisor or personnel manager for the most recent or current employer indicated above.
- Self-employed or contract applicants must substitute this section with a letter of reference on company letterhead from two (2) separate clients attesting to:
 - the nature of work assignments during the period of performance
 - type of work done
 - length of time as a client
- If the employer is no longer in business, include a copy of the W2 form.

Company Name: _____ Company Phone: _____

Company Address: _____

City, State: _____ Zip Code: _____ Country: _____

I _____, verify that _____ maintained employment at _____
Supervisor/Personnel Manager's Employee's Name

_____ From _____ to _____
Company Date mm/yyyy Date mm/yyyy or Present

Signature: _____ Date: _____
Supervisor/Personnel Manager's Month/Day/Year