

# EMPLOYER INFORMATION SHEET

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

Employer City, State \_\_\_\_\_

Employer/Supervisor Phone: \_\_\_\_\_  
(someone we can speak directly with)

Employer/Supervisor Email: \_\_\_\_\_

Hourly Wage/Salary: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

**\*all fields must be completed\***

Please notify the above employer that we will be contacting them shortly to verify your employment. Please sign below that you consent to this employment verification and that you authorize your employer to release all information needed to verify the duration of your employment, your schedule/hours and your wages. This consent can be revoked at any time in writing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_