

Verification Of Employment

Employer _____

Employment Dates: _____

Employee Name: _____

Employee Position: _____

Hours Worked Per Week _____

Rate of Pay: _____

Signature of Person Providing Information: _____

Title of Person Providing Information: _____

Additional verification or signature release available upon request. Thank you for your prompt attention, as the applicant is pending approval!

**PLEASE RETURN VIA FAX TO:
502-292-6810
Attn: Dundee Place**