

## EMPLOYMENT VERIFICATION AUTHORIZATION RELEASE FORM

Date				
I hereby authorize you to <b>submit/ver COMPANY</b> . Your prompt attention to this				ANAGEMEN
Print Name				
Applicants Signature				
Name of Employer:	Superviso	Supervisor Name:		
Employer Phone #:	Employer Fax #:			-
VERIFICATIONS BELOW				
EMPLOYER please complete/verify the following the following please complete is a second control of the following please complete is a second control of the following please complete is a second control of the following please complete is a second control of the following please complete is a second control of the following please complete is a second control of the following please complete is a second control of the following please complete is a second control of the following please complete is a second control of the following please complete is a second control of the following please complete is a second control of the following please complete is a second control of the following please complete is a second control of the following please control of		=========		========
<u>Employment</u>				
From To	Position			
Hours worked per week				
GROSS Wages \$ Annually	□Hourly	☐ Weekly	☐ Monthly	
Any Commission or Bonus? ☐Ye	es 🗆 No			
Comments				
Authorized by (EMPLOYER signature):				
Title	<u>Date:</u>			

**EMPLOYER** please fax this information to (717) 569-6044 or email a scanned copy to RENT@MURRYCOS.COM. If you have any questions please call (717) 569-0491.