



## **Employment Verification Form**

Employee's Name:			SSN:_ <u>XXX-XX-</u>	<del></del>
To Whom It May Concern:				
Please complete this form as soon as possible so we can employees. In order to complete the application process Information contained on this form will only be used in	ss, we need t	to verify e	mployment/income info	rmation.
Beginning Date:// Position	/ Title:			
Full Time Employee? Yes No How many Hours/We	eek?			
Present Salary / Pay Rate: Per:	: Per:		(US dollar equi	valent)
Additional Compensation (Bonuses, overtime, commis				
Probability of Continued Employment:				
Other Comments:				
Verified by:	Title:			
Print Name				-
Signature:	Date:	/	/	

Please return this form back to Calhoun Properties Group, LLC: fax: (240) 266-1108 email: info@calhounproperties.net









240.266.1108