



CMP Cornerstone
Managed Properties

REQUEST FOR EMPLOYMENT VERIFICATION CURRENT/PREVIOUS

Date: _____

Employer: _____ Attention: _____

Fax Number: (____) _____ Phone Number: (____) _____

Applicant's Name: _____

Social Security Number: _____

EMPLOYEE AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize _____ to release the information requested, and I also release _____, its officers, agents and employee from any and all liabilities which may result by reason of compliance with the above request.

EMPLOYEE SIGNATURE _____ PRINT NAME _____

The applicant above has made an application with us at Chesapeake Pointe and has listed you as his/her present/past employer.

Please complete and FAX this form as soon as possible, 330-786-0000

Should you have any questions, please contact Melinda Lee Leasing Specialist at 330-785-1111.

Position: _____ Date of Hire: _____

Termination Date: _____ Reliability of Employee? _____

Will there be continued employment? _____

SALARY INFORMATION:

Annual: _____ Monthly: _____

Weekly: _____ Hourly Rate: _____

Hours Worked per week: _____ Overtime worked: _____

Commission or Bonus: _____ Any additional Income: _____

Verified by: _____ Title: _____ Date: _____

Additional Comments: _____

Thank You!