

REQUEST FOR
VERIFICATION OF EMPLOYMENT

INSTRUCTIONS

APPLICANT: Please complete Items 1 through 3. Forward this form to your employer so that they may complete Part II.

PART I - REQUEST

1. Name and Address of Applicant *Telephone: - -	2. Name and Address of Employer: *Telephone: - -
3. My signature below authorizes my employer to verify all information contained on this form.	
_____ Signature	Social Security # _____

PART II

EMPLOYER: Please complete the remainder of this form and forward it directly to: Housing Officer, Mt. Laurel Township, 100 Mt. Laurel Rd., Mt. Laurel, NJ 08054

4. Applicant's Date of Employment: 5. Present Position:	6A. Base Pay (Current) \$ _____ Annual \$ _____ Hourly \$ _____ Monthly \$ _____ Weekly \$ _____ Other (Specify)															
7. REMARKS: (If paid hourly, please indicate average hours worked each week during the current and past year.	6B. EARNINGS <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">TYPE</th> <th style="width: 35%;">YEAR TO DATE</th> <th style="width: 35%;">PAST YEAR</th> </tr> </thead> <tbody> <tr> <td>BASE PAY</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>OVERTIME</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>COMMISSION</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>BONUS</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>	TYPE	YEAR TO DATE	PAST YEAR	BASE PAY	\$	\$	OVERTIME	\$	\$	COMMISSION	\$	\$	BONUS	\$	\$
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BASE PAY	\$	\$														
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BONUS	\$	\$														
SIGNATURE OF EMPLOYER:	TITLE:															
	DATE:															