



## EMPLOYMENT VERIFICATION

*This Section to be Completed by Applicant*

Employer Name	Phone
Address	Fax
City State Zip	
Supervisor's Name	Title
Supervisor's Email	Phone (if different than above)

### APPLICANT INFORMATION

Name	Job Title
Employment Address City State Zip	

**ELECTRONIC SIGNATURE:** *By signing/typing my name below and submitting this form, I hereby authorize my supervisor or Human Resources Manager to disclose the requested information below regarding my employment history to THORNTON PROPERTIES.*

I agree to the above terms.

**APPLICANT NAME/SIGNATURE**

**DATE**

*This Section to be Completed by Current Supervisor or Human Resources Manager*

### EMPLOYMENT VERIFICATION INFORMATION

Employee Hire Date	Currently Employed ? <input type="radio"/> Yes <input type="radio"/> No
Annual Salary \$	<input type="radio"/> Full-Time <input type="radio"/> Part-Time. Hrs per week _____
Contact Name	Title

Additional Comments

**ELECTRONIC SIGNATURE:** *By signing/typing my name below and submitting this form, I hereby authorize the provided information is accurate and correct.*

I agree to the above terms.

**SUPERVISOR/HR MANAGER SIGNATURE**

**DATE**

**Please return this completed form by email to [info@ThorntonProperties.net](mailto:info@ThorntonProperties.net), or fax it to 312.880.0001 at your earliest convenience.**

