



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, or fax it to 312.880.0001 at your earliest convenience.

