



# GORDY REALTY GROUP

PO Box 6425, Marianna, FL 32447

850-484-PROS(7767) Office

850-845-8004 Fax

## Verification of Employment

**INSTRUCTIONS:** Please make copies of this form as needed for each current employer(s) to fill out their section. Send the completed form(s) via fax to 850-845-8004 or via email to [hello@gordyrg.com](mailto:hello@gordyrg.com)

### **Applicant: Complete This Section**

I hereby authorize my Employer to furnish the information requested below:

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Original Signature

XXX-XX-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

### **Applicant: DO NOT COMPLETE THIS SECTION. IT IS FOR YOUR EMPLOYER ONLY.**

Employer/Company Name: _____	
Address: _____	Phone Number: _____
Annual Gross Salary: _____	Start Date: _____ End Date: _____
Position: _____	Average Hours Per Week: _____
Does applicant work remotely or in person? _____	
Are you friends/family of applicant? Yes / No If Yes, Explain _____	
Probability of continued employment: _____	
Comments: _____	
_____	
_____ Employer Original Signature	_____ Title
_____ Employer Name (Please Print)	_____ Date

### **This Section for Gordy Realty Group Only**

_____ Contact Authenticated	_____ Date
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