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 applications@gordyrg.com

Applicant: Complete This Section

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

_____ XXX-XX-_____
Applicant Name Social Security Number

_____ _____
Applicant Original Signature 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