



EMPLOYMENT VERIFICATION

One form per applicant must be completed. Please submit completed form to Housingaztec@gmail.com

Name (Please Print): _____

I authorize release of the below information to Aztec Housing.

Signature of Employee: _____ Date: ____/____/____

TO BE COMPLETED BY EMPLOYER

Company Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone#: (____) ____ - ____

Date of Hire: ____/____/____

Position: _____

Hourly Rate or Salary: \$ _____ per _____

Average Hours Per Week: _____

Outlook for continued employment: _____ Excellent _____ Good _____ Fair _____ Poor

Attendance record: _____ Excellent _____ Good _____ Fair _____ Poor

Signature: _____ Position: _____

Printed Name: _____ Phone #: (____) ____ - ____ Date: ____/____/____