

Ridenhour Management Services, LLC

Post Office Box 1312
Columbia, Missouri 65205-1312
573-355-5272
cory@assnmgt.org
206-666-1705 fax

EMPLOYMENT VERIFICATION FORM

The individual below has submitted a rental application to Ridenhour Management Services. Please provide the confidential information directly by fax or email for the individual below. Thank You!

Name of employee: _____

Social Security Number: _____

I hereby authorize release of the information requested below.

Employee Signature	Date
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ALL BELOW TO BE COMPLETED BY EMPLOYER ONLY (AND KEPT CONFIDENTIAL):

Date of Employment: _____

Salary: \$ _____ per _____ (week, bi-weekly, monthly)

Wages: \$ _____ per hour, average _____ hours per week.

Is employment permanent? Yes _____ No _____, Explain: _____

Is employment expected to be terminated in the future? Yes _____ No _____

Do you have any additional comments or recommendations regarding this individual?

_____	_____
Signature	Date
_____	_____
Title/Department	Company

Phone Number	