



EMPLOYMENT VERIFICATION FORM

THIS SECTION TO BE COMPLETED BY APPLICANT

TO: (Name and address of employer) Date: _____

RE: _____
Print Applicant Name Job Title

I hereby authorize release of my employment information to A Forever Bond, Inc.:

Signature of Applicant Date

THIS SECTION TO BE COMPLETED BY EMPLOYER

Date First Employed: _____

Average number of regular hours per week: _____

Current wages/salary: \$ _____

Do you anticipate change in the employee's rate of pay within the next 12 months? Yes No

Additional remarks: _____

Employer's Signature Title

Employer's Printed Name Date