



LAWN VILLAGE
Apartments and Townhomes

22445 Lorain Road, Fairview Park, Ohio 44126
Phone: 440-523-9106
Fax: 440-827-6172

REQUEST FOR EMPLOYMENT/SALARY VERIFICATION

To: _____ Date: _____
Address: _____

TELEPHONE: _____
FAX: _____

The person named below has made an application for residency with us. Your firm was listed as currently employing this individual. The applicant, by his/her signature below, has authorized you to release their employment information. Your assistance in providing employment information will be sincerely appreciated. Thank you.

RE: Employee Name: _____
Current Address: _____
Social Security Number: _____
Department or Branch: _____
Date of Employment: _____

APPLICANT'S AUTHORIZATION OF THIS INQUIRY

I hereby consent to the release of my employment information.

Employee's Signature Date

EMPLOYER'S COMMENTS

Dates of Employment: From _____ To _____
Position Held: _____
Gross Salary or Wage \$ _____ Per : ____Year ____Month ____Week ____Hour
(If on hourly wage, please specify approximate number of hours worked weekly: _____Hours)

Other Comments _____

Signature: _____ Title: _____

Date: _____