



Employment Verification

FAX TRANSMITTAL

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Grand Rapids, MI 49503
Phone 616.988.6466
Fax 616.988.6467

To: _____ From: Brad Veneklas

Fax: _____ Date: _____

Phone: _____ Pages: 1

Re: Employment Verification _____ Cc: _____

Urgent For Review Please Comment Please Reply For Your Use

Employee Name: _____

Social Security Number: _____

Authorization Signature: _____

To be completed by Employer:

Date of Hire: _____ Current Salary/Wage: _____

Name of person filling our form: _____

Employer Signature: _____ Date: _____