

PERSONAL & CONFIDENTIAL \*\*URGENT, TIME SENSITIVE REQUEST\*\* After completing this form, please fax to 512-858-9098 or [voe@infocubic.com](mailto:voe@infocubic.com), ensuring this page is the first page sent. A cover page is not necessary.



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PLEASE SEND VOE BACK BY EMAIL: [JENNIFERW@INFOCUBIC.COM](mailto:JENNIFERW@INFOCUBIC.COM) PH 720-593-4862 ALT FAX 866-948-7926

### Employment Verification Request

Date Requested: 07/10/2023

Attention: [EMPLOYMENT.VERIFICATION@MICHAELB@LLPSINC.COM](mailto:EMPLOYMENT.VERIFICATION@MICHAELB@LLPSINC.COM)

Employee Name: JEROD LEE GAWNE	Alternate Last Names:
Name of Employer: THE MANDATORY POSTER AGENCY	Social Security Number: XXX-XX-0956
Provided by the Employee:	Verified by the Employer:
Employee's Position: SOFTWARE-ENGINEER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No" Please provide correct position/job title: <i>Coding/Programming Tech.</i>
Hire Date: 05/01/2015	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No" Please provide correct hire date: <i>4/24/15</i>
Separation Date (if applicable): 08/01/2015	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No" Please provide correct separation date: <i>7/10/15</i>
Reason for Leaving (if applicable): <i>Terminated</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No" Please explain:
Eligible for Rehire (if applicable):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No" Please explain:
Additional Comments: <i>Wasn't completing his job assignments as needed.</i>	

#### INFORMATION VERIFIED BY:

Name: <i>Michael Bishop</i>	Title: <i>Operations Manager</i>	Date: <i>7/14/23</i>
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