

Authorization to Verify Employment

Part 1 – Authorization – to be completed by the employee

To Whom it May Concern:

I hereby authorize Robert and Karla Glennon, or any party acting on their behalf, to obtain information from my current and previous employers pertaining to my employment history. This authorization is in connection with a Residential Lease Application.

I hereby authorize you to release such information to Robert and Karla Glennon, or any party acting on their behalf, upon request.

I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization for release of information, or any attempt to comply with it. Should there be any question as to the validity of the authorization, you may contact me as indicated below:

This authorization will continue in effect for 90 days from the date of signature. A photocopy or scan of the authorization shall have the same force as the original.

Employee Information		
Employee Name <u>Rachael Moore</u>	Employee SSN or Id # <u>377-92-9729</u>	Employee Birth Date <u>July 02, 1983</u>
Signature <u>Rachael Moore</u>		Date <u>Nov. 15, 2012</u>

Part 2 – Verification – to be completed by the employer

Because time is a factor in our approving the Residential Lease Application, we would appreciate you completing the information listed below and faxing it back to us as soon as possible, with supervisor's signature and date filled out.

Please return this form directly to the landlord and do not return it to the employee.

Start Date: 12/13/10 Employee's current occupation: Outbound Tele Sales
of hours worked per week: 40.0 Is this a permanent position? ☒ YES ☐ NO
Pay received (list hourly/salary): \$9.00/hr. Is position stable? ☒ YES ☐ NO

Information Provided By	
Name <u>Michael Bishop</u>	Title <u>Operations Manager</u>
Signature <u>Michael Bishop</u>	Date <u>11/15/12</u>

Please fax completed form to **925-405-3523**. If you cannot fax us, please call **517-798-6353** and verify the information, then mail this entire letter back to us (for our records) at your earliest convenience to the address below.

Robert and Karla Glennon
1012 Belaire
Lansing, Michigan 48910
Email: glennonr@aol.com

5859 W SAGINAW HWY #343
LANSING, MICHIGAN 48917
P.877-321-4144
F.888-442-4144
www.laborlawposterservice.com

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SERVICE**

Fax

To: Robert and Karla G. From: Michael Bishop
Fax: (925) 405-3523 Pages: 2
Phone: _____ Date: 11/15/12
Re: Rachel McGill cc: _____

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Hello Robert + Karla.
Hope things are well with you and your family. Let me know if you need any other information pertaining to this employee.

Sincerely,

Michael Bishop

PS See ya at the Hope!