

**THOMASVILLE HOUSING AUTHORITY
BOSTON HOUSING AUTHORITY**

216 South College Street
Thomasville, Georgia 31792
(229) 226-4065

**REQUEST FOR
EMPLOYMENT
VERIFICATION**

VIA: MAIL
 FAX
 PHONE
 COURIER

To _____

DATE _____

The person named below has made application for apartment/housing rental with us. Your firm was listed as having currently or formerly employed this person. 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(s) of Employment _____

REQUEST SUBMITTED BY	TITLE	PHONE

APPLICANT'S AUTHORIZATION OF THIS INQUIRY:
I hereby consent to the release of my employment information.

Employee's Signature

Date Signed

EMPLOYER'S COMMENTS

Dates of Employment (From) _____ To _____

Position Held _____

Gross Salary or Wage \$ _____ per MONTH WEEK HOUR*

(*If on hourly wage, please specify approximate number of hours worked weekly: _____ Hours)

Other Comments _____

SIGNATURE _____ TITLE _____ DATE _____