



EMPLOYMENT VERIFICATION FORM

**SIGNED AND DATED EMPLOYMENT VERIFICATION FORM FOR EACH APPLICANT. PRINT, COMPLETE, AND EMAIL TO PROPERTY MANAGER AT [acpm@hrcoxmail.com](mailto:acpm@hrcoxmail.com) REFERENCING APPLICATION DOCUMENT & ACPM PROPERTY ADDRESS IN SUBJECT LINE. ALTERNATIVELY, YOU MAY FAX SAME TO 757-557-0035.**

**ONLY COMPLETE THE HIGHLIGHTED INFORMATION BELOW. WE MUST SUBMIT TO EMPLOYER(S) FOR COMPLETION. WE REQUIRE VERIFICATION OF MOST RECENT TWO YEARS OF EMPLOYMENT. COMPLETE MULTIPLE FORMS IF MULTIPLE EMPLOYERS.**

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Temporary / Part Time / Full time (Circle One)

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Per Week / Month / Year (Circle One)

If Hourly, Hourly Rate: \_\_\_\_\_ per hour. Total Hours Guaranteed Per Week: \_\_\_\_\_

Is Employee paid: Weekly / Every other Week (Circle One)

Bonus: \_\_\_\_\_ Per Week / Month /Year (Circle One) Is Bonus guaranteed? Y / N

Comments: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_

PLEASE FAX BACK AS SOON AS POSSIBLE. THANK YOU

FAX: 757-557-0035

TELEPHONE: 757-557-0030

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I, \_\_\_\_\_, (Please Print) give permission to my employer to release my employment information to Atlantic Coast Property Management.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_