

# EMPLOYMENT VERIFICATION

## FAX TRANSMITTAL

TO: \_\_\_\_\_ FROM: The Boardwalk Leasing Office

Fax: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Pages: \_\_\_\_\_

Urgent \* For Review \* Please Comment \* Please Reply \* For Your Use

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Employee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Authorization Signature \_\_\_\_\_

### **TO BE COMPLETED BY EMPLOYER**

Date of Hire \_\_\_\_\_ Current Salary/Wage \_\_\_\_\_

Name of Person completing form \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*AFTER COMPLETING, PLEASE FAX TO: 616-454-8496. THANK YOU.**

THE BOARDWALK-940 MONROE AVE NW-GRAND RAPIDS MI 49503  
PHONE (616) 454-8480 – FAX (616) 454-8496