



Preferred Property Management

# EMPLOYMENT VERIFICATION FORM

I, \_\_\_\_\_, give All County® Preferred Property Management permission to obtain information about my current and previous employment history.

\_\_\_\_\_  
Signature of Applicant-I give permission to release this information.

\_\_\_\_\_  
Date

**NOTE:** APPLICANTS, DO NOT COMPLETE THIS FORM BELOW THE DASHED LINE; YOUR MANAGER OR HR DEPARTMENT REPRESENTATIVE MUST COMPLETE THE INFORMATION BELOW. JUST PUT YOUR NAME IN THE FIRST LINE (ABOVE) THEN SIGN/DATE AND PROVIDE THE FORM TO YOUR EMPLOYER.

**To Manager or HR Department:** Please complete this request and return by facsimile to All County® Preferred Property Management at 321-607-3707 or email from company email to Applications@AllCountyPreferred.com.

Please answer the following questions to the best of your ability:

1) Please specify Dates of Employment:

Period Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ (if applicable)

2) What is the applicant's salary? Monthly \_\_\_\_\_ Annually \_\_\_\_\_

3) If an hourly rate, how much per hour? \_\_\_\_\_

4) How many hours per week does applicant work? \_\_\_\_\_

5) How often does the applicant receive pay/paystubs? \_\_\_\_\_

6) Is the applicant's position: Temporary or Permanent (circle one)

7) Does the applicant's position require them to be local to the business? Yes or No (circle one)

8) City/State of the business location: \_\_\_\_\_  
(City) (State)

Name of person completing this form: \_\_\_\_\_

Position of person completing this form: \_\_\_\_\_

Phone Number to reach person completing this form: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person completing this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company Name

Office: (321) 607-3700

FAX: 321-607-3707

www.AllCountyPreferred.com