



# Employment Verification

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

Applicant: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

The applicant named above has applied for housing through the Habitat for Humanity Gaston County Homeownership program and has given us written permission to contact you for an employment verification and reference.

We would appreciate your help in answering the following questions. All information you provide will be kept strictly confidential. Please complete the information below and fax to my attention at 704-864-3139, or email a copy to me at [kayla@habitatgaston.org](mailto:kayla@habitatgaston.org). If you have any questions feel free to call me at 704-864-6536 x115.

**Thank you for your assistance.**

Sincerely,

**Kayla Nelson**

Homeowner Services Coordinator

### APPLICANT INFORMATION

Applicant Employment Date: \_\_\_\_\_ Current Position: \_\_\_\_\_

Probability of Continued Employment: (circle one)    VERY LIKELY    LIKELY    NOT LIKELY    TEMP    UNSURE

Current base pay (enter amount and indicate period on which pay is based) GROSS AMOUNTS  
HOURLY AMOUNT: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ ANNUAL: \_\_\_\_\_

WEEKLY: \_\_\_\_\_ MONTHLY: \_\_\_\_\_ OTHER: \_\_\_\_\_

Year-to-date: \_\_\_\_\_ Last year: \_\_\_\_\_ Overtime or Bonuses? \_\_\_\_\_

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

### EMPLOYER INFORMATION

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_

Person Completing this Form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_