

HOF INVESTIGATIONS

1111 Pearl Street
Eugene, OR 97401

Confidential Information

FACSIMILE

**EMPLOYMENT
VERIFICATION FORM**

Date: _____

To: _____

Tel.# _____ Fax# _____

Attn: _____

From: Hof Investigations

Tel#: 541-343-2521 Fax# 541-242-8090

RE: _____
Employee Name

I hereby authorize the release of the information below to HOF INVESTIGATIONS for use in the application process for residency at: _____

X _____
Date

X _____
Signature of Applicant

For Office Use Only:

Employed since: _____ Occupation: _____

Hourly wage: _____ hr. _____ wk _____ monthly

Average hours per week: _____

Other Compensation:

Bonus: _____ Tips: _____ (average & period)

Employment: Permanent _____ Temporary _____ Full-time _____ Part-time _____ Seasonal _____

If no longer employed, date terminated: _____ Reason: _____

Employer: _____
Signature Title

Verbal: _____ Date: _____
Name of person talked with for verification

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**EMPLOYER: PLEASE FAX THE ABOVE COMPLETED FORM TO: HOF INVESTIGATIONS
541 / 242-8090 or 877-547-2920**