



Austin Tyler & Co

Verification of Employment

INSTRUCTIONS: Please make copies of this form as needed for each current employer(s) to fill out their section. Upload the completed form(s) within your Portal, send via fax to 850-526-1116, or via email to email@austintylerco.com.

Applicant: Complete This Section

I hereby authorize my Employer to furnish the information requested below:

_____	XXX-XX-_____
Applicant Name	Social Security Number
_____	_____
Applicant Original Signature	Date

Applicant: DO NOT COMPLETE THIS SECTION. IT IS FOR YOUR EMPLOYER ONLY.

Employer/Company Name: _____	
Address: _____	Phone Number: _____
Annual Gross Salary: _____	Start Date: _____ End Date: _____
Position: _____	Average Hours Per Week: _____
Does applicant work remotely or in person? _____	
Are you friends/family of applicant? Yes / No If Yes, Explain _____	
Probability of continued employment: _____	
Comments: _____	

_____	_____
Employer Original Signature	Title
_____	_____
Employer Name (Please Print)	Date

This Section for Austin Tyler & Co Only

_____	_____
Contact Authenticated	Date