

Yolandra "Faith" Martin-Thomas*

IL Real Estate Broker

Phone 773-301-1091 Fax 708-843-5843

EMPLOYMENT VERIFICATION REQUEST

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize all third parties on my application to furnish the information requested below to **IL Real Estate Broker-Yolandra Martin**. I release all third parties, their officers, agents and employees from any and all liability associated with such disclosure of the requested information.

Applicant Name: _____ **Date:** _____

Applicant Signature: _____

To: (Company Name) _____

Attn: _____ **Date:** _____ **Phone:** _____ **Fax:** _____

The application identified above has applied with: IL Real Estate Broker The applicant listed you as a reference. Please fill in the "Third Party" information requested below that applies to your and return it to the attention of

Faith Via Fax 708-843-5843. If you have any questions please call us at 773-301-1091.

EMPLOYMENT ☐ **CURRENT** ☐ **PREVIOUS** *(Completed by third party employer only)*

Applicant's Position: _____

Full Time: _____ **Part Time:** _____

Permanent: _____ **Temporary** _____

Start Date: _____ **End Date:** _____ **Annual Salary** _____

Hourly Rate: _____ **Hours per Week:** _____ **Overtime:** _____ **Estimated Annual Commission** _____

Verified by: _____ **Title:** _____ **Signature/Date:** _____

Notes: _____