

REQUEST FOR VERIFICATION OF EMPLOYMENT

Applicant: Please fill out Part One of this form and ask your employer to fill out Part Two. The form must be mailed by your employer to:

Joe Precopio, Chair, Membership Committee, Belmont Chambers Cooperative, Inc.,
43 Symphony Rd., #3A, Boston, Massachusetts 02115. Telephone: 536-7238.

1. Name: _____ Social Security #: _____

Address: _____

Work phone #: _____ Home phone #: _____

Employer name and address: _____

Contact person (employer) - Name: _____

Dept.: _____ Phone #: _____

Date of employment: _____ Present position: _____

Probability of continued employment: _____

Current base pay - Amount: _____ Average hours per week: _____

Circle One: Annual Monthly Weekly Hourly Other

Is overtime and/or bonus likely to continue?: _____

Total Earnings -

| TYPE | YEAR TO DATE | PAST YEAR |
|------|--------------|-----------|
|------|--------------|-----------|

| |
|-----------------------------|
| Base pay: _____/_____/_____ |
|-----------------------------|

| |
|-----------------------------|
| Overtime: _____/_____/_____ |
|-----------------------------|

| |
|--------------------------------|
| Commissions: _____/_____/_____ |
|--------------------------------|

| |
|--------------------------|
| Bonus: _____/_____/_____ |
|--------------------------|

Additional remarks: _____

Employee Signature: _____ Date: _____

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2. (To be completed by employer.) I have reviewed all information above and it is correct. I have noted any changes and initialed those changes.

Additional remarks: _____

Signature: _____ Date: _____