

Belmont Chambers Cooperative Employment Verification

Applicant: Please fill out Part One of this form and ask your Employer to fill out Part Two and mail the form to us. This form is to verify your current employment, income for the past 12 months, and to determine credit worthiness. It can be used for one or several employers.

Your employer (not the applicant) must mail the form to:

Joe Precopio, Co-Chair, Membership Committee, Belmont Chambers Cooperative, 43
Symphony Rd., #3A, Boston, MA 02115.

In most cases, employers have procedures for this on-line and this form will not be needed. We will accept any documentation that comes to us directly from the institution, as long as it documents all information.

PART ONE (to be filled out by applicant):

Applicant Name: _____ E-mail: _____

Address: _____

Home phone #: _____ Work phone #: _____ Cell phone #: _____

Employer name and address: _____

Employer contact name: _____ Dept: _____ Phone: _____

Date of employment: _____ Current Position: _____

Probability of continued employment: _____ Current base pay: \$ _____ Average hours per week: _____

Is overtime or bonus/commissions likely to continue? _____

Pay period: (Circle one):

Annual Monthly Bi-weekly Weekly Monthly Hourly Other (please explain): _____

Total Earnings for past 12 months-

Year to date: \$ _____ Annual Salary: \$ _____

Base Pay: \$ _____ Overtime: \$ _____ Commissions: \$ _____ Bonus: \$ _____

Applicant signature: _____ Date: _____

PART TWO (to be filled out by employer):

I have reviewed all information above and it is correct. I have noted any changes and initialed those changes.

Additional remarks: _____

Employer signature: _____ Date: _____