

**REQUEST FOR VERIFICATION OF EMPLOYMENT**

**Applicant: Please fill out Part One of this form and ask your employer to fill out Part Two and mail it back to us. Your employer must mail the form to:**

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

**PART ONE (to be filled out by the applicant)**

**Name:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Employer Name and Address:** \_\_\_\_\_

\_\_\_\_\_

**Employer Contact Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of employment:** \_\_\_\_\_ **Present Position:** \_\_\_\_\_

**Probability of continued employment:** \_\_\_\_\_

**Current base pay: \$** \_\_\_\_\_ **Average hours per week:** \_\_\_\_\_

**Pay period: (Circle one):**

**Annual Monthly Bi-weekly Weekly Monthly Hourly Other**

**Is overtime or bonus likely to continue?** \_\_\_\_\_

**Total Earnings (current and past year)**

	<b>Year to Date</b>	<b>Past Year</b>
<b>Base Pay:</b>		
<b>Overtime:</b>		
<b>Commissions:</b>		
<b>Bonus:</b>		

**PART TWO (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:** \_\_\_\_\_

\_\_\_\_\_

**Employer representative signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_