FIRST UNDERWRITERS
INSURANCE BROKERS

www.firstunderwriters.com
(425) 242-5357
Kirkland, Washington

EMPLOYMENT VERIFICATION FORM

Confidential — To be completed by the employer's authorized representative

PURPOSE: This form is used to verify an individual's employment status, position, and compensation. The information provided will be used solely for the purpose stated below and will be kept confidential. Written authorization from the employee/applicant must be obtained before completing this form.

SECTION 1 — REQUESTING PARTY INFORMATION

Requesting Company / Organization Name

Contact Person

Phone Number

Email Address

Mailing Address (Street, City, State, ZIP)

Date of Request

Purpose of Verification: ☐ Mortgage / Loan ☐ Rental Application ☐ Background Check ☐ Government Assistance ☐ Legal / Court Order ☐ Other

SECTION 2 — EMPLOYEE / APPLICANT INFORMATION

Last Name

First Name

Middle Initial

Date of Birth

Social Security Number (last 4 digits only)

Home Address (Street, City, State, ZIP)

Employee Signature (authorization to release)

Date Signed

Phone Number

SECTION 3 — EMPLOYMENT DETAILS (TO BE COMPLETED BY EMPLOYER)

Employer / Company Name

Employer Address

Employer Phone Number

Employer Fax / Email

Federal Employer ID (EIN)

Employment Status: ☐ Currently Employed ☐ No Longer Employed ☐ Never Employed Here

Job Title / Position

Department

Supervisor Name

Employment Type: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Contract

Date of Hire (Start Date)

Termination Date (if applicable)

Reason for Separation (if applicable): ☐ Voluntary Resignation ☐ Involuntary Termination ☐ Layoff ☐ Retirement ☐ End of Contract ☐ Other

If Other, specify

SECTION 4 — COMPENSATION INFORMATION (COMPLETE IF AUTHORIZED)

Pay Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Annual Salary

Current / Final Base Pay Rate

Annual Gross Earnings (current year)

Average Hours per Week

Overtime Eligible? (Y/N)

Bonus / Commission (annual, if applicable)

Additional Compensation / Notes

SECTION 5 — EMPLOYER CERTIFICATION

I certify that the information provided above is true and accurate to the best of my knowledge. I am an authorized representative of the employer listed in Section 3 and have the authority to release this information. I understand that providing false or misleading information may result in legal consequences. This verification is provided based on the written authorization of the employee/applicant named in Section 2.

Authorized Representative Name (Print)

Title / Position

Date

Signature

Company Phone Number

Extension

Email Address

Company Stamp / Seal (if applicable)

SECTION 6 — ADDITIONAL REMARKS / NOTES

IMPORTANT NOTICE:
This form contains confidential information. It should be transmitted securely and shared only with authorized parties.
Federal and state laws may regulate the disclosure of employment information. Employers should consult legal counsel regarding applicable requirements. Retain a copy of this completed form and the employee's written authorization for your records.
Any unauthorized use or disclosure of this information may result in civil or criminal penalties.