

# EMPLOYMENT VERIFICATION FORM

- This form is used to obtain information regarding the employment history of Applicants for rental housing. The information provided by the current or former Employer may be used solely for the purpose of evaluating the application for rental housing.
- The Owner/Agent requesting this information must receive authorization from the Applicant before obtaining the information. Such authorization is granted if Applicant's signature is provided in section 2. Copies of this form and of the Applicant's signature are acceptable.
- The Applicant may be contacted to verify the authenticity of this request.

### 1. Person requesting the employment reference

Name of Owner/Agent MySmartLease.com

Address P.O Box 90717 San Bernardino, Ca. 92427 Unit #           

City San Bernardino State CA Zip 92427

Phone number ( 951 ) 742-8244 Fax number ( 909 ) 494-7417

## 2. Authorization by rental Applicant for the release of information

***I hereby authorize the release of the information requested on this Employment Verification Request to the Owner/Agent listed above. I hereby acknowledge that the Owner/Agent can make copies of this executed page in order to obtain the information requested.***

Name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 3. Applicant's employment information:

☐ Present OR ☐ Prior Occupation (check one)

**Employer Name** \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name and Phone Number \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

**Beginning and Ending Dates of Employment**

**Current Gross Income (if applicable) \$** \_\_\_\_\_

#### 4. Employment information verified by former or current Employer

**Is the information provided in Section 3 above correct?**

☐ Present      ☐ Prior Occupation (check one)

☐ Yes ☐ No

Employer Name

☐ Yes ☐ No

### Employer Address

☐ Yes ☐ No

Supervisor's Name and Phone Number

☐ Yes ☐ No

### Beginning and Ending Dates of Employment

☐ Yes ☐ No

**Current Gross Income (if applicable)**

☐ Yes ☐ No

If No, please explain: \_\_\_\_\_

**Please mail or fax this form to the person listed in section 1 as soon as possible (within 24-48 hours)**



California Apartment Association Approved Form  
www.caanet.org  
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Page 1 of 1

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