

EMPLOYMENT VERIFICATION

RETURN TO: IAN@ARGAUTOLLC.COM



Employee Name

Employee Address

Position Title

Date Employed

Continuous Service?

YES

NO

Employment Status (IF NO LONGER EMPLOYEED PLEASE PROCEED TO NEXT SECTION)

FULL TIME

PART TIME

SEASONAL

Remote Position?

Physical Location Address?

YES

NO

Salary Information

ANNUAL

MONTHLY

WEEKLY

HOURLY

IF EMPLOYMENT HAS BEEN TERMINATED PLEASE PROVIDE THE FOLLOWING

Reason

Reemployment Possibilities?

Remarks

Employer

Signature

Date

Title