

## EMPLOYMENT AUTHORIZATION AND RELEASE

Name of Applicant \_\_\_\_\_

I, the undersigned, do hereby authorize \_\_\_\_\_ *(Name of current supervisor)* to completely and accurately answer these questions. I hereby release them from any liability for the answers provided.

Supervisor's phone number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*(Top portion to be completed by applicant)*

\_\_\_\_\_  
*(Bottom portion to be completed by leasing office)*

Duration of employment: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Title: \_\_\_\_\_

Applicable salary/wage during employment: \$ \_\_\_\_\_/month

Eligible for rehire? \_\_\_\_\_

I, \_\_\_\_\_, a duly authorized representative of \_\_\_\_\_,  
do hereby swear and affirm that the following is accurate and complete to the best of my knowledge:

