

Employment Verification and Compensation Release Authorization Form

Upload the completed form to www.amcheck.com/evs

Verification of Current or Previous Employment and/or Compensation for:

Employee Name: _____ Social Security Number: _____

Employer Name and Address: _____

I authorize AmCheck Payroll Services on behalf of my employer to release information relative to my employment to the following Company or Individual: _____

I authorize the release of the following information (Please check one):

- Dates of employment, employment type, employment status and position (no compensation).
- Dates of employment, employment type, employment status, position and compensation information.

I wish to have this information sent by (enter the appropriate information below):

Emailed To: _____

Fax To: _____ - _____ - _____ Attention To: _____

US Mailed to this address: _____

Employee Signature **X** _____ Date _____

