



Employment Verification Form

To be completed by EMPLOYEE:

1. Authorization to Release Information

I have applied to Adoption Horizons to adopt a child. The law and our homestudy requires verification of my employment. This is your authority to release the following information regarding my employment.

Employee Signature

Date

2. Employee Information

Name: _____

Address: _____ Phone: _____

3. Name and Address of Employer/ Company

Name: _____

Address: _____

To Be Completed by EMPLOYER:

Position/Title: _____

Date of hire: _____

Date first employed by this firm: _____

Continuous service?: Yes No

Full Time Part Time Seasonal

Other: _____

Signature of Employer's Representative

Title

Firm Name

Date

| Annual Income: | Amount: |
|---------------------------|---------|
| Annual Salary (Gross) | |
| Annual Salary (Net) | |
| Bonuses | |
| Benefits Package | |
| Commissions | |
| Stay-at-Home Privileges | |
| Flex Schedule | |
| Mileage | |
| Expense Account | |
| Maternity/Paternity Leave | |
| Life Insurance | |
| Medical | |
| Vision | |
| Dental | |
| Disability Benefits | |

