

Verification of Employment
Authorization Form

Date: _____

TO WHOM IT MAY CONCERN: This is authorization to release the information concerning the employment of _____
Please provide the gross income for the period from _____ to _____
We appreciate your cooperation and prompt return of this information.

Thank You,

Employee's Signature

Employee's Last Four S.S.N

TO BE COMPLETED BY EMPLOYER

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Employment Start Date: _____ End Date: _____

Pay Frequency: _____ Gross Salary/ Rate Pay: _____

Employer's Signature

Title

Date

PLEASE RETURN TO:

AMPTX ELECTRIC, LP
11409 Cedar Oak Dr. El Paso, TX 79936
Attn: Human Resources
crystal@amptxelectric.com
915-599-9956 Fax