

**Strand Management Group**  
**590 River Oaks Drive**  
**Myrtle Beach, South Carolina 29579**  
**Phone\*\*843-236-7581 Fax\*\*843-236-1410**

**EMPLOYMENT VERIFICATION FORM**

Applicant Name: \_\_\_\_\_

Employment Name: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Name of Person Filling out form: \_\_\_\_\_

Date Form is being filled out: \_\_\_\_\_

Applicant's employment began: \_\_\_\_\_ and ended: \_\_\_\_\_

Applicant's pay schedule is: Once a month    Every two Weeks    Biweekly    Weekly

Applicant earns \_\_\_\_\_ per hour, \_\_\_\_\_ per week, or \_\_\_\_\_ salary.

Applicant works \_\_\_\_\_ hours per week.

Is the Applicant's status: Seasonal    Temporary    Part Time    Full Time

Does Applicant receive: Bonuses    Commission    Incentives

Does the applicant have items deducted from check: Insurance    Student Loans    Child Support

**Thank you for taking the time to assist in this very important matter. Please fax the form  
back as quickly as possible to 843-236-1410**