

Strand Management Group
590 River Oaks Drive
Myrtle Beach, South Carolina 29579
Phone843-236-7581 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**