

PLAZA GARDEN APARTMENTS  
961 GRAFTON ROAD  
NEWARK, OH 43055  
PH 740-366-1005 or 740-522-CALL (2255)  
FAX 740-366-8833  
Email: Ken@PlazaGarden.com

**EMPLOYMENT VERIFICATION**

NAME OF APPLICANT: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Employer's \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Name and \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
Phone: \_\_\_\_\_ No. Hrs./Week: \_\_\_\_\_

Probability of continued employment: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person supplying information Date: \_\_\_\_\_

\_\_\_\_\_  
Please print your name

Position: \_\_\_\_\_  
Phone: \_\_\_\_\_

**TO THE EMPLOYER:**

We respectfully request the above information be provided to assist us in evaluating the employee's application for tenancy at Plaza Garden Apartments LLC. The employee has signed below authorizing release of the information requested.

\_\_\_\_\_  
Manager, Plaza Garden Apts. Date: \_\_\_\_\_

I request and authorize the release of the employment information requested by Plaza Garden LLC for their use in evaluating my application for residency at \_\_\_\_\_ Grafton Road, Apartment \_\_\_\_\_, Newark, OH 43055.

\_\_\_\_\_  
Employees Signature Date: \_\_\_\_\_