

REQUEST FOR VERIFICATION OF EMPLOYMENT

TO: _____
(EMPLOYER)

I AUTHORIZE YOU TO RELEASE ANY OR ALL INFORMATION REGARDING MY EMPLOYMENT TO:

ONOMEA FEDERAL CREDIT UNION
PO BOX 19
PAPAIKOU, HI 96781
PHONE: (808) 964-1031 FAX: (808)964-5088

FROM: _____
(EMPLOYEE SIGNATURE)

DATE: _____

*******TO BE COMPLETED BY EMPLOYER*******

EMPLOYER / COMPANY NAME: _____

DATE HIRED: _____ ENDING/SEPARATION DATE: _____

POSITION: _____ HOURS PER WEEK _____

PERMANENT ____ TEMPORARY ____ FULL-TIME ____ PART-TIME ____

IF CONTRACTUAL EMPLOYMENT, LENGTH OF CONTRACT _____

HOURLY WAGES OR MONTHLY GROSS SALARY \$ _____

OTHER WAGES, TIPS, BENEFITS: _____

CHANCES OF CONTINUITY: _____

OTHER COMMENTS: _____

CONFIRMED BY (PRINTED NAME & TITLE)

SIGNATURE: _____

ADDRESS: _____

PHONE: _____