

EMPLOYMENT VERIFICATION

Employee Name _____

Address _____ City _____ State _____

Phone _____ Date _____

Name of Company _____

I hereby authorize my employer to release the following information to Euro Rentals.

Employee's signature

Date

The above named employee is applying for a rental. Please complete below.

1. How long has the person listed above been employed? _____
2. What is their position with your company? _____
3. Is the employee? Full time Part time
4. Average number of hours/week? _____
5. What is their monthly salary? _____
6. Likely hood of their continued employment?

Signature of Employer

Printed name

Employee may return to Euro Rentals or you may fax completed form to (740) 477-1050. Thank you for your assistance.