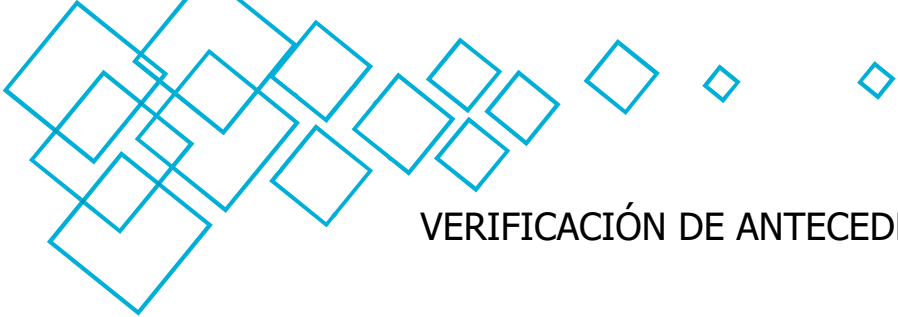




VERIFICACIÓN DE ANTECEDENTES LABORALES

Fecha desolicitud: _____

PARA: (NOMBRE Y DIRECCIÓN DEL EMPLEADOR)

ASUNTO: (NOMBRE Y DIRECCIÓN DEL EMPLEADO)

Autorizo la divulgación de la siguiente información a Fort Collins Habitat for Humanity para que la utilicen en la determinación de la elegibilidad para el programa de adquisición de vivienda de Habitat.

Firma del solicitante/empleado

Fecha

THIS SECTION TO BE COMPLETED BY EMPLOYER ONLY/ ESTA SECCIÓN DEBE SER COMPLETADA ÚNICAMENTE POR EL EMPLEADOR.

Company Name: _____ Type of Business: _____

Applicant's Start Date: _____ End Date: _____

Applicant's Start Position: _____ End Position: _____

Gross Salary/Wage at Termination				Additional Questions
\$ _____ ☐ Annually ☐ Monthly ☐ Weekly ☐ Hourly ☐ Other (Specify):				Reason for Leaving
Gross Earnings				
	____/____/20____ Thru ____/____/20____	Past Year 20____	Past Year 20____	Additional Remarks
Base Pay	\$ _____	\$ _____	\$ _____	
Overtime	\$ _____	\$ _____	\$ _____	
Commissions/ Tips	\$ _____	\$ _____	\$ _____	
Bonus	\$ _____	\$ _____	\$ _____	
Total	\$ _____	\$ _____	\$ _____	

Employer's Signature

Title

Date

Employer's Printed Name

Email Address

Phone Number

*The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. **The completed form is to be transmitted directly to Fort Collins Habitat for Humanity (email preferred) and is not to be transmitted through the applicant or any other party.***