HABITAT CONTACT PERSON:
Theresa Bain, Homeowner Services
PH: 970-488-2605
Email: tbain@fortcollinshabitat.org

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___	
Base Pay	$	$	$	Additional Remarks
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****.*