

50 Winter Street
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Verification of Employment

Employee name:	
Employer name:	
Employer contact:	
Employer contact title:	
Phone number:	
Third party source used to obtain phone number:	
Dates of employment:	
Employee title:	
Probability of continued employment:	Good <input type="checkbox"/> Very Good: <input type="checkbox"/> Other: <input type="checkbox"/> _____
Is the Employee currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Employee active or on leave?	Active <input type="checkbox"/> On Leave <input type="checkbox"/>
Additional information:	
Verified By:	
Company:	
Date:	