

		n of Employr			STATE OF THE
Employer Name:	Northrop 2787 N Ora Apopka, Fl	Grumma	Phone:	407-295-	4010
Street Address:	2787 N Ora	nge Blos	ssipar tr	855 - 439	-6999
City, State, Zip:	Apopka, FI	32703	E-mail:	Sc.si	nith ango
documentation of inc by your organization	low has made an application come as part of the qualificat and has giving us authorizat	ion process. The ion to request the	e applicant has ne following ne	s indicated that he/she eeded information.	is employed
Employee Name:	Kelsey c	ameron	SS#:	589-59-	7984
	Please Con	plete Section	ns A or B		
other expected i	16	is \$ g section B, must co	omplete sections	I through 4)	icreases and all
B. 1. Current Wage	es/Salary \$	Hourly - Ave	rage Number Ho	urs per Week 40	
	/	□ Bi-weekly□ Monthly	☐ Weekly ☐ Annually	☐ Semi-monthly	
2. Is overtime (C	OT) available? No 🗆 Yes If yes,	, OT rate \$	Average Nu	mber Hours per Week	
3. Are commissi	ions, tips, bonuses, shift differentia	If yes, list amou Bi-weekly Monthly	int \$	(check one) Semi-monthly	9
4. Any nay incre	ease anticipated in the next twelve t	months?			
arrang pag mere			ctive date	, % Increase	
ddition, I certify that the inform	rby certify that I am authorized to release mation supplied in this section is true and co ate law prohibits employers from providing	omplete and it includes a	all anticipated income		
Employer Signature: Printed Name:	STEVEN SWEDERSK	i a	Date: /0 Phone: 32	-5047 2015 -1354 3444	- - -
This statement can	not be handled by the emplo		L-man. 31 M	ice to the address liste	
		Jee, picase man	Hom your on		
mployer will no way be con	release the above requested informat nsidered a binding contract from my en	•			
imployee Signuture:	elsey came	Coffee Position:	Inte	ern Date: Ju	ly 10, 201