

BHB MANAGEMENT SERVICES

971 N. Haugh Street
Indianapolis, IN 46222

Office: (317) 916-0645
Fax: (317) 423- 3968

Employment Verification Form

To: _____ From: _____

Company: _____ Date: _____

Phone: _____ Time: _____

Fax: _____ Number of Pages: _____
(Office section)

Employee's Full Name

SSN# _____

DOB _____

Signature _____ **Date** _____
(Applicants section)

Employed By _____
Since ____ - ____ - ____ Hours per week _____

Employers
Address _____
Telephone _____

Position _____
Supervisor _____
(Employers section)