



Northwest Management Exclusive, Inc.

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APPLICANT – SIGN AND DATE ONLY

RE: Employment Verification

From: _____

To: _____

Please provide the following information listed below:

Name: _____

Social Security #: _____

Position: _____

Full Time/Part time: _____

Salary or Wage: _____

Start Date: _____

Thank you for completing this questionnaire, please fax back at your earliest convenience.

Completed by: _____ Position: _____

I hereby authorize Northwest Management Exclusive, Inc. to complete a credit check, criminal background check and any additional inquires deemed necessary to complete the screening process.

Signature of Applicant

Date