



# Employment Verification Form

4 coachman Drive, Elkton, MD 21921  
Phone: 410-620-0004 / Fax: 410-620-9186  
EMail: amc@acorn-management.com  
www.acorn-management.com

*Our tenant selection policy requires us to verify certain information about all members of families applying for residency with Acorn Management Co., Inc. To comply with this requirement, we ask for your cooperation in authorizing your employer to release your employment information. This information will be used only in determining whether your application will be accepted for admission. Please complete this form and sign below for each applicant over the age of 18.*

APPLICANT: \_\_\_\_\_  
APPLICANT NAME – (Please Print)

\_\_\_\_\_  
APPLICANT SOCIAL SECURITY NUMBER – (Please Print)

<b>Applicant to enter contact information for current Employer:</b>	
Date:	_____
Employer Name:	_____
Employer Address:	_____
Phone Number:	_____
Fax Number:	_____
Email:	_____
Human Resource Contact:	_____
HR Phone Number:	_____
HR Email:	_____
Supervisor Name:	_____
Supervisor Contact Info:	_____
OTHER INFORMATION:	_____

*I hereby give authorization for my Employer to release my employment information to:  
Acorn Management Co., Inc.*

\_\_\_\_\_  
APPLICANT -- SIGNATURE

\_\_\_\_\_  
DATE