

Employment Verification and Compensation
Release Authorization Form



Forward the completed form:

Omni Business Solutions, Inc.
Employee Services
3838 Cedar Trace Court
Ellenwood, GA 30294
Attn: Employment Verification

Name: _____

Contact Telephone: _____

I authorize Omni Business Solutions, Inc. to verify information relative to my employment.

I authorize the release of the following information (Please check one):

Standard: Date of employment, employment type, employment status and position (**no salary**).

Current plus 2 years of compensation: Date of employment, employment type, employment status, position and base monthly salary.

I wish to have this information sent to (enter the appropriate information below):

Attention To: _____

Email Address: _____

Employee Signature: _____ **Date:** _____

Note: *Verification of employment is only available during normal business hours.*

Omni Business Solutions, Inc.