



Archdiocese of Agana

CHANCERY OFFICE

196 Cuesta San Ramon, Ste. B • Hagåtña, Guam 96910 • Tel:(671)472-6116 • Fax:(671)477-3519

EMPLOYMENT VERIFICATION CONSENT

APPLICANT'S EMPLOYMENT INFORMATION

TO: _____ OF _____
CONTACT PERSON & TITLE CURRENT EMPLOYER/COMPANY NAME

I, _____ hereby authorize Archdiocese of Agana and its authorized to obtain information from my Employer to verify my Employment as I am applying for a job at Archdiocese of Agana.

I agree that if my signature is submitted in electronic or digital format, and/ or by facimile or electronic copy, it shall be as valid as an original signature.

APPLICANT'S FULL SIGNATURE

DATE: (MM/DD/YEAR)

FOR EMPLOYER ONLY

We have received a job application from the individual listed above, who has identified you as his/her employer. We would like to ask your cooperation by verifying his/her employment. Please answer the questions below and return to us as soon as possible via fax or e-mail.

The individual listed above is currently employed: ___ Full-time ___ Part-time ___ Other _____

Salary: \$ _____ per _____ # of hours per week _____ Date of Hire: _____

Job Title (Current & Previous if Applicable): _____

Probability of Continued Employment: _____

Comments (i.e. Bonuses/Commission, Etc: _____

Completed by: _____
Printed Name and Job Title Date & Sign

Return completed form to: Fax to : 671-477-3519 or Scan/Email to: aoafinanceoffice@gmail.com

PHONE VERIFICATION *FOR OFFICE USE ONLY

I, _____ certify that on _____ I contacted the above applicant's employer by telephone and confirmed the above information.

Archdiocese of Agana Authorized Representative