



Muskegon Federal Credit Union

EMPLOYMENT VERIFICATION

MEMBER'S NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYER: _____

COMPLETED BY/SPOKE WITH: _____

DATE: _____

HIRE DATE: _____

HOURLY WAGE: _____

YEAR TO DATE TOTAL: _____

TITLE: _____

CONTINUED EMPLOYMENT LIKELY: _____

* * * * *

CREDIT UNION USE ONLY

_____ STAFF INITIALS

_____ DATE MAILED/FAXED

_____ DATE RECEIVED BACK/COMPLETED