



EMPLOYMENT VERIFICATION REQUEST AND RELEASE

TO: Equity Staffing Group Inc.
98 Inverness Dr. East, Suite 320
Englewood, CO 80112

Today's Date: _____

Please provide the

following: Applicant Name

Applicant Date of Birth

Applicant Social Security Number

I hereby authorize Equity Staffing Group to release information to _____
verifying my employment with Equity Staffing Group.

Signature of Applicant

Date

The individual named directly above is an applicant of _____ that
requires verification of employment. The information provided will remain confidential.

Company Representative

Return Form to (email address): verifications@equitystaffing.com

Employment verifications are completed and returned with 72 hours of receipt.