



## EMPLOYMENT VERIFICATION REQUEST AND RELEASE

TO: Equity Staffing Group Inc.  
8310 S. Valley Highway, Suite 135  
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@equitysg.com](mailto:verifications@equitysg.com)

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