

EMPLOYMENT VERIFICATION AND FINANCIAL INFORMATION

I, the undersigned employee, having applied for a loan with the Shoshone-Bannock Tribes' Credit Program do hereby consent to the verification of my employment and financial information below by my employer.

Date: _____ Authorized Signature: _____



EMPLOYEE NAME: _____

Employer Name: _____

Department: _____

Address: _____

City/State/Zip: _____

Telephone No./Ext.: _____

Will Employer honor payroll deductions: Yes No

Will Employer honor demand payroll deductions upon employee's default as agreed to by their wage agreement: Yes No

Date Hired: _____

Employment Status: _____

(Permanent or seasonal) (Full or part-time)

Hourly Wage/Salary: \$ _____

How Often Paid: _____

Date: _____ Prepared By: _____



If you have any questions, please call us at (208) 478-3835/3836/3865; Fax (208) 478-3834.

This form may be returned via employee or mailed to the following address:

The Shoshone-Bannock Tribes
Credit Program
P.O. Box 306
Fort Hall, ID 83203

To be completed by Credit Office Staff:



Date Requested: _____ By: _____

(Credit Office Staff Signature)