

I hereby authorize release of any pertinent information relating to my employment to Cedarwood Cooperative, Inc.

DATE SIGNATURE

TO BE FILLED OUT BY EMPLOYER:

_____ has applied for Membership in Cedarwood Cooperative, Inc., a not-for-profit housing corporation.

We need the following information to process this application:

- a) Length of Service: _____
- b) Present Salary: _____
- c) Future term of employment with your company:
 - 1) Long term _____
 - 2) Short term _____ (please explain)
- d) Number of hours per week _____
- e) Number of weeks per year _____

If you have any questions, please do not hesitate to phone us at 708-747-3833, or fax us 708-747-6589. Thank you for your cooperation.

Employer

Address

City, State, Zip

Date: _____ Authorized Signature: _____