Employment Verification Form

Employee information:

Name: Irene Abbot

Job title: Teacher's Assistant

Hours per week: 35

Date of hire: Jan. 3, 2007

Employee is currently employed: ____ Yes ✓ No

Employment End Date (If not currently employed) June 18, 2007

Employer information:

Company Name: H.W. Smith H.S.

Address: 1130 Salt Spring Road
Bismark, ND

Phone: 432-9161

Information on person completing form:

Name: Jane H. Warren Title: Principal

Signature: Jane H Warren Date: June 25, 2007

Release of information:

I hereby give my permission for the release of the foregoing information.

Signature Irene Abbot Date 6/1/2007

Printed Name Irene Abbot

81

C 061609 | 082610

Employment Verification Form

Employee information:

Name: Sarah Davidson

Job title: Cosmetologist

Hours per week: 35

Date of hire: Feb. 1983

Employee is currently employed: ___ Yes ✓ No

Employment End Date (If not currently employed) June 1, 2007

Employer information:

Company Name: Sophie's Hair Salon

Address: 328 Linden Street
Dover, DE

Phone: 534-8862

Information on person completing form:

Name: Kylie White Title: Owner / Manager

Signature: Kylie White Date: July 1, 2007

Release of information:

I hereby give my permission for the release of the foregoing information.

Signature Sarah Davidson Date May 15, 2007

Printed Name SARAH DAVIDSON

81

C 061609 | 08260

Employment Verification Form

Employee information:

Name: Juan Suarez

Job title: Foreman

Hours per week: 40

Date of hire: Feb. 1, 2007

Employee is currently employed: ✓ Yes ___ No

Employment End Date (If not currently employed) Oct. 1, 2007

Employer information:

Company Name: Goodman Steel Products Inc.

Address: Ontario Street
Wakusha, WI

Phone: 555-4509

Information on person completing form:

Name: Mark Roberts Title: Plant Manager

Signature: Mark Roberts Date: Oct. 1, 2007

Release of information:

I hereby give my permission for the release of the foregoing information.

Signature Juan Suarez Date 9-1-07

Printed Name JUAN SUAREZ

Employment Verification Form

Employee information:

Name: Margaret White

Job title: Desk Clerk

Hours per week: 40

Date of hire: 10/1/05

Employee is currently employed: ✓ Yes ___ No

Employment End Date (If not currently employed) _____

Employer information:

Company Name: Mountainview Motel

Address: 318 Avery Avenue
Sheffield, CA

Phone: (815) 555-3412

Information on person completing form:

Name: Craig White Title: Owner/Manager

Signature: _____ Date: 10/1/07

Release of information:

I hereby give my permission for the release of the foregoing information.

Signature Margaret White Date 9/7/07

Printed Name Margaret White

81 C 061609

Employment Verification Form

Employee information:

Name: John Mason

Job title: Floor Maintenance

Hours per week: 40

Date of hire: May 1, 2004

Employee is currently employed: ✓ Yes ___ No

Employment End Date (If not currently employed) _____

Employer information:

Company Name: Carrier Corporation

Address: Thompson Road
Troy, NY

Phone: 434-5515

Information on person completing form:

Name: Patricia Marin Title: Maintenance Supervisor

Signature: Patricia Marin Date: Oct. 1, 2007

Release of information:

I hereby give my permission for the release of the foregoing information.

Signature John Mason Date 9/1/07

Printed Name John Mason