

UNIVERSITY TOWERS OWNERS COOPERATIVE

100 York Street, Suite 1-E  
New Haven, CT 06511  
Tel. 203.777.3071  
Fax. 203.789.8120

## Employer Reference Letter

### Instructions to Applicant:

Please complete the top portion of the letter and sign. Forward the Employer reference letter to your most recent employer to complete.

Applicant name \_\_\_\_\_ Unit \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Current Position \_\_\_\_\_

Length of Employment \_\_\_\_\_ to \_\_\_\_\_

Applicant's Current Salary \_\_\_\_\_

Applicant's future employment outlook:

---

---

---

---

---

\_\_\_\_\_  
Employer's Name (Print)

\_\_\_\_\_  
Employer's Title

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Telephone Number