

Unemployment Verification

Section A (User Information) is to be filled out by the User.

Section B (Unemployment Verification) is to be filled out by a representative of the previously employed company.

A. User Information (Please use capital letters only.)

Name: _____ Account ID: _____
Address: _____ Game: _____
Number Street Apt.
City State Zip Code
E-mail address used to register the account: _____
E-Mail: _____
Telephone: () - () -
Day Evening

"I certify that the facts in this form are true and complete to the best of my knowledge and understand that falsified statements will make me immediately uneligible for the 'Gravity Cares' program."

Date: _____ Signature: _____

B. Unemployment Verification

Job Title of Company's Representative: _____ Job Title of Person in Section A: _____
Company: _____ First Date of Employment: _____
Address: _____ Last Date of Employment: _____
Number Street Ste.
City State Zip Code
Telephone: () - ext. _____
E-Mail: _____

"By signing below, I certify that the above mentioned person was previously employed by our Company/Me."

Date: _____

Signature: _____ Name: _____

GRAVITY
INTERACTIVE

P.O. BOX 9820, Marina Del Rey, CA 90295 || Phone: (310) 827-0752