

Verification of Employment

Program participant's name: _____ Identification number: _____

Please fax the completed form directly to _____ by 5:00 PM on or before _____. The form can be emailed directly to _____. Please give the program participant the original to turn in to his/her appointment on _____ at _____ AM/PM. It is ultimately the responsibility of the program participant to turn the form in to his/her Career Specialist by the deadline.

I. ☒ Please have your employer complete the section below

Employer name: _____ Phone number: (____) _____ - _____

Employer email: _____ Fax number: (____) _____ - _____

Employer address: _____
Street Suite City State Zip Code

Participant's job title: _____

What date was the participant hired? ____/____/____ Wage per hour: \$ _____

When did/will the participant start working? ____/____/____ (if different from the hire date)

How many hours per week is this employee scheduled to work? _____

How often is the employee paid? ☐ Daily ☐ Weekly ☐ Every two weeks ☐ Every month ☐ Other _____

When will (or did) the employee receives his/her first paycheck? ____/____/____

Completed by (please print): _____ Phone: _____

Signature: _____ Title: _____ Date: ____/____/____

II. ☒ Please have your employer complete the section below

Employer name: _____ Phone number: (____) _____

Is the participant still working at your business? ☐ Yes ☐ No If no, what was the last day worked? ____/____/____

How much is the individual earning (or earned at termination) per hour? \$ _____

Please complete the following request for information on hours worked between the dates noted.

(Please include all hours worked, as well as paid sick, vacation and holiday hours.)

Dates, weeks or months worked	Number of hours worked.

Completed by: _____ Title: _____

Date Completed: ____/____/____ Signature: _____