

VERIFICATION OF EMPLOYMENT

I. This section to be completed by applicant

Date: _____

TO: _____

Name of Employer

RE: _____

Applicant/Resident's Name(s)

Organizations' headquarters address

Current home address

Employer's Contact Information for any questions

Physical address of applicant's primary job duties

RELEASE: My signature here authorizes the release of the requested information and verification of my employment information.

Applicant/Resident Printed Name

Signature

Date

II. This section to be completed by employer

Date: _____

Employee Name

\$ _____ Circle one: Hourly / weekly /
Current Wage/Salary bi-weekly / semi-monthly /
monthly / yearly / other: _____

Job Title

Occupation

\$ _____ Circle one: Hourly / weekly /
Commission, bonuses, bi-weekly / semi-monthly /
tips & other monthly / yearly / other: _____

Date First Employed

Contract End Date

\$ _____ / ____ / ____
Gross Year-to-date earnings through

List any anticipated changes within the next 12 months

Average regular hours per week

If seasonal/sporadic, please indicate the layoff period(s)

\$ _____
Overtime Rate Average hours per week

Additional remarks

\$ _____
Shift Differential Rate Average hours per week

EMPLOYER AUTHORIZED REPRESENTATIVE CERTIFICATION: I certify that the above information is true and correct,

Signature of Employer Authorized Representative

Representative's Title

Date

Authorized Representative's Printed Name

Email

Phone