



# Verification of Employment

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear \_\_\_\_\_,

Your employee, \_\_\_\_\_, social security number \_\_\_\_\_ participated in Workforce Solutions services. We need to obtain the following information from you to show that he/she is now employed. If you have any questions about the information requested, please feel free to call our office. Our office hours are Monday through Friday, 8:00 until 5:00.

\_\_\_\_\_  
Talent Development Specialist Signature  
Workforce Solutions

\_\_\_\_\_  
Customer Signature - I agree to the release of  
information pertaining to my employment.

Please return the form to following Staff:
Return form to following address or e-mail:



Employer: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Date Started: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours worked per week: \_\_\_\_ Hourly Pay Rate \$ \_\_\_\_

Date of first check: \_\_\_\_\_ Frequency of Pay: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Number of employees at your business: \_\_\_\_

Does the employee receive or is eligible for Employer-Assisted Benefits (employer pays part of the cost) which include Unemployment Insurance, Health Benefits, Social Security or an Equivalent Retirement Plan?  Yes  No

\_\_\_\_\_  
Signature of Person Providing Information

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date

<b>FOR WORKFORCE SOLUTIONS USE ONLY:</b>				
Choices: ____	NCP: ____	SNAP: ____	WIOA Adult / DW: ____	WIOA Youth: ____