

Customer: Please fill out the section above the dotted line and give this form to your employer

# Employment Verification

\*Due Date:

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Case#: \_\_\_\_\_

Employer Name	<input type="checkbox"/> New Employment <input type="checkbox"/> Ending Employment
Employer Address	
Phone: _____	
Fax: _____	

Date I started this job: \_\_\_\_\_ Date I last worked: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Hours per week: \_\_\_\_\_

**If this is a new job:** Gross Amount of First Pay: \_\_\_\_\_ Date of First Pay: \_\_\_\_\_  
 I get paid (circle one): Weekly      Bi-Weekly      Monthly      Twice-Monthly

Please provide pay stubs for first 30 days of \*NEW\* employment as you receive them.

**If this job has ended:** Gross Amount of Final Pay: \_\_\_\_\_ Date of Last pay: \_\_\_\_\_

I left this job:  Voluntarily     Involuntarily    Reason for Job Loss: \_\_\_\_\_

### Provide the dates and amounts of pay BEFORE taxes for the last 30 days:

Date Received	Gross Pay (including tips)	Date Received	Gross Pay (including tips)

By signing below, I am requesting that the employer listed above release this information to Job and Family Services. My signature also indicates my acknowledgment of the following statements: I understand there are penalties for leaving out or providing false information. I know I may be required to repay the value of any benefits issued in error. I acknowledge I may be disqualified from receiving assistance in the future and can be fined and/or prosecuted if I do not tell the truth. The information I provided on the form is correct and complete to the best of my knowledge. When possible, I give permission for Job and Family Services to check for verification of this employment through electronic sources.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_  
 .....

**Employer Record for:** SSN: XXXXXXXXXX

Please return by:

Start Date/ Termination Date	<i>Begin</i> / <i>End</i>	Rate of pay per hour	
Average Hours Per Week		If employee receives tips, what is the average amount per pay period?	
How often paid (circle one)	Weekly      Bi-Weekly      Monthly      Twice-Monthly		
Date first pay was received		Gross amount of first pay	
Is/was this employment:	<input type="checkbox"/> 1099/Contractor <input type="checkbox"/> Federal Work Study <input type="checkbox"/> WIOA/Summer Youth <input type="checkbox"/> Senior Community Service Employment		
If employment has ended, provide reason for Job Loss		Date & Gross of Final Pay	

### Pay information for the most recent 30 days (if available)

Date	Gross Amount of Pay	Tips not included in gross pay	Commission

Employer Signature/Title \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to: