



**Employment Verification Form**

**TO:**

**FROM:**

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**Employee Name** \_\_\_\_\_

**Last 4 Digits of SSN** \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employer, please fill in all blanks. Enter N/A if an item is not applicable to the above listed Employee.

**Employee Job Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Company Phone #** \_\_\_\_\_ **Company Fax #** \_\_\_\_\_

**Employee Job Location (if not the same as Company address):** \_\_\_\_\_

**Presently employed:** ☐ Yes ☐ No **Date Hired:** \_\_\_\_\_ **Last day of employment:** \_\_\_\_\_

**Current Wages/Salary: \$** \_\_\_\_\_ **Circle one:** hourly weekly bi-weekly monthly other

**Overtime Pay:** ☐ Yes ☐ No **Shift differential:** ☐ Yes ☐ No **Commissions:** ☐ Yes ☐ No

**Additional Remarks** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Company** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_