



# Verification of Employment



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

Verification of Employment  
 Loss of Employment: Last Day \_\_\_\_\_

**Please complete each section of this form as needed for verification purposes.**

**Section I. GENERAL INFORMATION**

Name of Employee: _____	Social Security Number: _____
Address: _____ _____	Job Title: _____
Number of Hours Worked Per Week: _____	Number of Days Worker Per Week: _____
How often is/was the employee paid: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> *Bi-Weekly <input type="checkbox"/> Monthly	
Rate of pay: \$ _____ per _____ (hr., day, week)	Other (explain): _____
Date employment began: _____	Date employment ended (if applicable): _____

Does employee receive tips? \_\_\_\_\_ (if yes, show tips in Section II)

**Section II. RECORD OF PAY RECEIVED**

List the income information for the last FOUR weeks of employment

Pay Date	Gross Pay	Number of hours worked	Rate of pay	Tips	Other

If hours or rate of pay has varied in the above period, please state why in the section below:

**Section III. EMPLOYER INFORMATION**

**The above information on this form is true and accurate to the best of my knowledge. Falsifying information may result in prosecution of fraud.**

Employer Name (Printed): \_\_\_\_\_ Employer's Title: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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