



EMPLOYMENT VERIFICATION

Employee Information

Employee Name	Date of Birth	
Address	City/State/Zip	
Today's Date	SSN #	Case #
Do you have childcare expenses associated to employment? Yes No	What is the cost of childcare?	

Employer Information

Employer Name	Employer Contact/Title
Employer Address	Employer Telephone

Job Hire

Job Title	Date of Hire		
First Day Worked	Salary		
Number of Hours Scheduled per Week	Date of First Paycheck		
How often do you get paid?	Approximate Gross of First Paycheck	Tips Y / N	
	\$		
Approximate Gross This Month	Tips Y / N	Approximate Gross of Next Month	Tips Y / N
	\$		\$
Employer Signature	Date		
Employee Signature	Date		

Job Termination

Position	Last Day Worked
Date of Last Wage Paid	Gross Amount of Last Wages Paid
Year to Date Gross Wages	Reason for Separation
Employer Signature	Date
Employee Signature	Date

Please return to: