



## EMPLOYMENT VERIFICATION FORM

This is to verify that the applicant is a current employee at your business.

This portion to be filled out by the applicant.

Applicant Name: \_\_\_\_\_

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

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

This portion to be filled out by employer.

Business Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Last Pay Period Worked: \_\_\_\_\_

Type of Employment: Seasonal  Part Time  Full Time

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### Office use only:

Was the information verified? Yes      No

Person Contacted: \_\_\_\_\_

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