

VERIFICATION OF EMPLOYMENT

Print Employee Name

Social Security #

I hereby authorize _____ to release information regarding my employment.
(Employer)

Employee Signature

Date

Employer; the above mentioned person has stated that they are or have been employed with your company. Please verify this employment by completing all the information below and returning it as soon as possible to the Routt County Department of Human Services office. Thank you for your time. Your cooperation is greatly appreciated.

1) Employer: _____.

2) Employer's complete address: _____.

3) Date employment began (MM/D/YR): _____.

4) Position/occupation: _____.

5) Date employment ended (MM/D/YR): _____.

➤ Is this considered _____ a voluntary quit _____ a lay off _____ a termination?

6) Current rate of pay: _____ per _____.

7) Number of hours per week (on average): _____.

8) Do you anticipate any change in rate of pay or hours? If yes, when (MM/D/YY): _____.

➤ Pay: Increase to _____ or decrease to _____.

➤ Hours: Increase to _____ or decrease to _____.

9) Employee is paid: _____ weekly _____ every 2 weeks _____ twice a month _____ monthly

10) Is this a seasonal or temporary job? (circle): Yes No

➤ If yes, how long is the job anticipated to last? _____.

11) Additional comments: _____
_____.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Print Employer Name

Title

Employer Signature

Date

Telephone #