



EMPLOYMENT VERIFICATION FORM

TO BE COMPLETED BY EMPLOYER

Name & address of employer

Date: _____

Employee Name: _____ Job Title: _____

Current Wages/Salary: \$ _____ (check one)

Hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____

Overtime rate: \$ _____ per hour Average # of overtime hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)

Hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Employer's Signature

Employer's Printed Name

Date

Employer's phone #