

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

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the United States as to any matter within jurisdiction.

April, 2015