



EMPLOYMENT VERIFICATION FORM

Today's Date: _____ Workforce Staff Name: _____

Customer Name: _____ Last 4 of Social Sec #: _____

Employer: _____

Employer Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Type of Business: _____

Start Date: _____ Date of First Paycheck: _____

End Date (if temporary): _____

Job Title/Function: _____

Supervisor: _____

Average Hours/Week: _____ Salary: \$ _____ /Hour, Bi-Monthly, Month, Yr. (circle one)

Other Salary/Wages (please specify): _____.

Pay Frequency: Daily, Weekly, Bi-weekly, Bi-monthly, Monthly (circle one)

Benefits: (circle one) Yes No Currently Employed: (circle one) Yes No

(Customer's Signature if Required)

(Date)

(Verifier's Signature and Title)

(Date)

You can submit this form in person to a Workforce Solutions Cameron office, email it to workforceprograms@wfscameron.org, or fax it to xeroxscan@wfscameron.org.

Thank you for your cooperation! If you have any questions, email us at workforceprograms@wfscameron.org, or call (956) 546-3141 in (Brownsville) or (956) 423-9266 in (Harlingen)

For Workforce Center Staff Use Only:

Information verified: w/Check Stubs Contact with employer Other (Check one)