

Employment Verification Request

IMPORTANT: Fill out this form completely. Incomplete forms may not be processed.

Date of Request: _____

Your Name: _____ **Participant-hired Worker Number:** _____

Phone Number: _____

Participant Name: _____

Select type of verification:

<input type="checkbox"/> Employment of Verification form (attach to this form)	<input type="checkbox"/> Letter
<p>Check delivery method:</p> <input type="checkbox"/> Mail to (include agency mailing address): _____ _____ _____ <input type="checkbox"/> Fax to: _____ <input type="checkbox"/> Email to: _____	<p>Check information needed:</p> <input type="checkbox"/> Hours Worked <input type="checkbox"/> Termination Date <input type="checkbox"/> Pay Rate <input type="checkbox"/> Start Date <input type="checkbox"/> Wage History <input type="checkbox"/> Other: _____ <input type="checkbox"/> Mail to (include mailing address): _____ _____ _____ <input type="checkbox"/> Fax to: _____ <input type="checkbox"/> Email to: _____

By signing below, I acknowledge that my Employment Verification Request will be processed within 48 hours. The request will be delivered as specified above.

Participant-hired Worker Signature: _____ **Date:** _____