



Employment Verification

LOCAL OFFICE	
TELEPHONE NUMBER	FAX NUMBER
CASE NUMBER	DATE

Please use blue or black ink and print or type.

Section 1: To be filled out by the client/employee.			
I authorize my employer to release information to the Department of Social and Health Services.			
EMPLOYEE'S SIGNATURE		SOCIAL SECURITY NUMBER (OPTIONAL)	DATE
Section 2: To be filled out by the employer.			
EMPLOYEE'S NAME		EMPLOYER'S NAME	
EMPLOYER'S ADDRESS			
Is this a new job? <input type="checkbox"/> No <input type="checkbox"/> Yes		IF YES, DATE EMPLOYEE STARTED WORK	DATE FIRST CHECK WAS RECEIVED
AVERAGE HOURS PER WEEK	RATE OF PAY OR SALARY (HOURLY, DAILY OR PIECE RATE)	Is job ended? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when: why:	
Pay frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Two times a month <input type="checkbox"/> Monthly			
Is this job Work Study? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, THROUGH WHAT SCHOOL?	WHEN WILL YOUR POSITION END?
Actual gross income (or attach payroll printout) for last three months:			
MONTH: \$	MONTH: \$	MONTH: \$	
Actual gross income for current month and anticipated gross income for next two months:			
CURRENT MONTH: \$	MONTH: \$	MONTH: \$	
Tips	<input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much?	_____	
Commissions	<input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much?	_____	
Bonuses	<input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much?	_____	
Overtime	<input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much?	_____	
Work schedule (include exact times when possible):			
MONDAY	TUESDAY	WEDNESDAY	THURSDAY
FRIDAY	SATURDAY	SUNDAY	
Is Health Insurance available? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, is employee enrolled in the health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When does the coverage begin?			
What is the employee's portion of premiums?			
EMPLOYER/REPRESENTATIVE'S SIGNATURE			DATE
EMPLOYER/REPRESENTATIVE'S PRINTED NAME AND TITLE			PHONE NUMBER