



## AFFIDAVIT OF EMPLOYMENT / WORK VERIFICATION

### SECTION 1 — AFFIANT INFORMATION

Full Name: \_\_\_\_\_  
Company / Organization: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Phone / Email: \_\_\_\_\_

### SECTION 2 — EMPLOYMENT / WORK VERIFICATION

I, \_\_\_\_\_, affirm that I have personal knowledge of the employment or work history of:

Name of Individual: \_\_\_\_\_

Relationship to Individual / Basis of Knowledge: \_\_\_\_\_

Employer / Business Name: \_\_\_\_\_

Position / Role: \_\_\_\_\_

Approximate Dates of Employment or Work:  
From \_\_\_\_\_ To \_\_\_\_\_

I am providing this affidavit to verify the above employment or work information.  
(Type additional information in the space provided below:)



**SECTION 3 — DECLARATION**

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness 1 Name: \_\_\_\_\_

Witness 1 Signature: \_\_\_\_\_

Witness 2 Name: \_\_\_\_\_

Witness 2 Signature: \_\_\_\_\_

**SECTION 4 — NOTARY JURAT**

State of Missouri

County of Jackson

Subscribed and sworn (or affirmed) before me  
on this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_, by

**Notary Public Seal**

\_\_\_\_\_.

Notary Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

My Commission Expires

\_\_\_\_\_