

VERIFICATION OF EMPLOYMENT

NOTE: Use the "tab" key to move to the next field.

Date: _____

In order to determine the eligibility of _____ for public assistance,
please assist us by answering the questions below and returning this form to us by _____.

Case Name _____

Case Number/Cat/Seq. _____

Office Address / Phone Number: _____

Please complete each section which has been marked on Page 1 AND Page 2 of this form.

☐ Section I – GENERAL INFORMATION

1. Name of Employee: _____ *Social Security Number: _____
Address: _____
2. Job Title: _____ Type of Work Performed: _____
3. Number of Hours Worked Per Week: _____ Number of Days Worked Per Week: _____
4. A. How often is/was the employee paid? ☐ Day ☐ Week ☐ Bi-Weekly ☐ Monthly
B. Rate of pay: \$ _____ per _____ ☐ Other _____
Hr./Day/Wk./etc. (Explain)
5. Date current employment began: _____ Date previously employed: _____
6. Does/did employee receive tips? ☐ Yes ☐ No *(If yes, please show tips in Section III.)*
7. Is/was employment seasonal? ☐ Yes ☐ No If yes, season begins: _____ ends: _____
8. Is/was the employee covered by health insurance? ☐ Yes ☐ No
If yes, name of insurance company: _____
9. Number of dependents covered: _____
10. Does/did the employee participate in any type of payroll savings plan or profit sharing? ☐ Yes ☐ No
If yes, what is the balance? \$ _____
11. Does the person perform their job duties: ☐ in their home ☐ in your home ☐ N/A