

VERIFICATION OF EMPLOYMENT

Company Name: _____

Supervisor Name: _____

Business Address: _____

Employer Phone Number: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

HOW LONG HAS EMPLOYEE WORKED FOR YOU? _____

EMPLOYEE WORKS: Full Time _____ Part Time _____

HOURLY RATE: _____ or SET SALARY: _____

AVERAGE NUMBER OF HOURS WEEK: _____

TOTAL MONTHLY INCOME: _____

Signature (Employer)

Date