

RETURN TO:

EMPLOYMENT VERIFICATION

EMPLOYEE'S NAME

ADDRESS

POSITION TITLE

| | |
|---------------|---|
| DATE EMPLOYED | CONTINUOUS SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---------------|---|

EMPLOYMENT

FULL TIME PART TIME SEASONAL BASIS

AMOUNT OF SALARY

\$ WEEK MONTH SEASON YEAR

IF EMPLOYMENT HAS TERMINATED PLEASE FILL OUT THE FOLLOWING:

REASON

REEMPLOYMENT POSSIBILITIES

REMARKS

EMPLOYER

| | |
|---------------------------------------|------|
| SIGNATURE - EMPLOYER'S REPRESENTATIVE | DATE |
|---------------------------------------|------|

TITLE