Employment Verification Form

Individual's Name: _____

Employer (Business Name): _____

Employer Address: _____
Street Address *City* *State* *Zip Code*

Employer Contact: _____ Phone Number: _____

Employee Job Title: _____ Start Date: _____

Current Hourly Wage: _____ Total Hours per Week: _____

Benefits Available:

☐ Full/partial health insurance ☐ Sick leave ☐ Vacation ☐ Retirement/401K

☐ Other: _____

☐ YES ☐ NO The EC has verified the above information is correct and the individual is still working.

EC Confirming: _____ Date: _____

For employer use only. Check the boxes that apply.

	Satisfactory	Needs improvement	Unsatisfactory
Punctual arrival for work	☐	☐	☐
Attendance	☐	☐	☐
Timeliness of breaks	☐	☐	☐
Appearance	☐	☐	☐
General attitude	☐	☐	☐
Work speed	☐	☐	☐
Initiative and motivation	☐	☐	☐
Ability to adapt to change	☐	☐	☐
Ability to handle correction	☐	☐	☐
Quality of work	☐	☐	☐
Social interactions	☐	☐	☐
Consistency in task performance	☐	☐	☐

Comments (note any concerns, additional support provided, or changes in job duties):

_____

☐ YES ☐ NO The Employer and/or Employee has verified the above information is correct and the employee is still working.

Employer Signature: _____ Date: _____

Employee Signature: _____ Date: _____