Employment Verification Form for Food Stamps

This form verifies the employment details required for eligibility determination for food stamps.

Applicant Information:

Name: _____

Address: _____

Contact Number: _____

Social Security Number: _____

Employer Information:

Company Name: _____

Employer Address: _____

City/State/ZIP: _____

Employer Phone Number: _____

Employment Details:

Employment Type	Job Title	Hours Per Week	Pay Rate

Verification Authorization:

☐ I authorize the verification of my employment for the purpose of determining food stamp eligibility.

Signatures:

Applicant Signature: _____

Date: _____

Employer Representative Signature: _____

Date: _____