

Employment Verification Form

EMPLOYEE INFORMATION

- Full Name: _____
- Date of Birth: //_____
- Social Security Number (if applicable):

- Employee ID: _____
- Address: _____
- Contact Number: _____

EMPLOYER INFORMATION

- Company Name: _____
- Address: _____
- HR Contact Person: _____
- Email: _____
- Phone Number: _____

EMPLOYMENT DETAILS

- Job Title: _____
- Department: _____
- Date of Hire: //_____
- Employment Type: Full-Time Part-Time Contract
- Current Status: Active Inactive

INCOME VERIFICATION

- Monthly Salary: \$_____
- Pay Schedule: Weekly Bi-Weekly Monthly

SIGNATURE & AUTHORIZATION

Authorized Employer Representative:

Designation: _____

Signature: _____

Date: // _____