



Employment Verification To Be Completed By the Employer

Section I. Participant Details

Employee Name:	
Employer Name:	
Employer Address:	City/State/Zip:
Employer Email:	Employer Phone:

The following information is required to determine employment for students who have completed training at our institute. Thank you for your cooperation in completing this document.

Is the employee still employed by this company?	Yes	No
Date of Separation:		
Employee Descriptive Job Title:		
Employee Job Description; please attach job description or additional paper if needed:		
Date of initial Employment:		
Weekly Average of Hours:		
Hourly Wage or Annual Salary:	How often is employee paid:	
Is employee eligible to receive benefits?		

Section II. Certifications

- o I certify this information is true and accurate to the best of my knowledge and that I have the authority to make such verifications on behalf of this company.

Signature of Representative: _____

Printed Name: _____ Job Title: _____

Date: _____ Phone #: _____