**Employment Verification**

**Employer Information**

|  |  |
| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **City/State/Zip** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Client Name** | Click or tap here to enter text. |
| **Social Security (Last 4) #** | Click or tap here to enter text. |
| The above individual has been participating in Virginia Career Works Employment/Training Program. In order to complete his/her file the following information is required: |

**Employment Verification**

|  |  |
| --- | --- |
| **Job Title** | Click or tap here to enter text. |
| **Start Date** | Click or tap to enter a date. |
| **Hourly Wage** | Click or tap here to enter text. |
| **Average hours/week** | Click or tap here to enter text. |
| **Benefits** | YES |[ ]  NO |[ ]

|  |  |
| --- | --- |
| **Verified By** |  |
| *Signature* |
| Click or tap here to enter text. |
| *Printed Name & Title* |
| Click or tap to enter a date. |
| *Date* |

Thank you for your cooperation!

**Please return this form to:**

Click or tap here to enter text.