**Employment Verification**

**Employer Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **City/State/Zip** |  |
| **Phone** |  |

|  |  |
| --- | --- |
| **Client Name** |  |
| 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** |  | | | | |
| **Start Date** |  | | | |
| **Wage** |  | | | |
| **Hours** |  | | | |
| **Benefits** | YES |  | NO |  |

|  |  |
| --- | --- |
| **Verified By** |  |
| *Signature* |
|  |
| *Printed Name & Title* |
|  |
| *Date* |

Thank you for your cooperation!

**Please return this form to:**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Phone** |  |
| **Email** |  |
| **Fax** |  |