**Employment Verification**

**Employer Information**

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

|  |  |
| --- | --- |
| **Applicant Name** |  |
| The above individual has applied for services under the Workforce Innovation and Opportunity Act (WIOA). A requirement of eligibility in the federal legislation is to verify previous employment. |

**Employment Verification**

|  |  |
| --- | --- |
| **Job Title** |  |
| **Dates of Employment** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please verify the total gross wages for the above named individual from the following dates: |  | **Through** |  |
| **Gross Wages** |  |

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

Thank you for your cooperation!

**Please return this form to:**

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