###### M:\Marketing\Virginia Career Works\VCW-Stacked.jpg

###### Employment Verification/Unlikely to Return

EMPLOYER: 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.

FAX: Click or tap here to enter text.

Click or tap here to enter text. has applied for services under the Workforce Innovation and Opportunity Act (WIOA). In order to determine eligibility for services the following information is required (Consent Form attached):

## Employment Verification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title |  | Click or tap here to enter text. | | | |
| Dates of Employment | | |  | Begin date: | Click or tap here to enter text. |
|  | | |  | End date: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please list all gross wages from** | Click or tap to enter a date. | **thru** | Click or tap to enter a date. |
| **Total wages** | Click or tap here to enter text. | | |
| **Likely to be recalled within (6) months** | **Yes**  **No**  **N/A** | | |

Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title Date

Thank you for your cooperation.

Please Return This Form To:

Click or tap here to enter text.