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

###### Employment Verification

EMPLOYER:

ADDRESS:

CITY STATE ZIP:

PHONE:

Fax :

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** 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 |  |  |
| Dates of Employment |  | Begin date: |  |  |  |
|  |  | End date: |  |  |  |
|  |  |  |  |  |  |

**Please list all gross wages from \_\_\_\_\_\_\_\_\_\_\_\_ thru \_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

 **Total Wages $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Likely to be recalled within six (6) months: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_N/A

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

 Name and Title Date

Thank you for your cooperation.

Please Return This Form To: