



**Employment Verification**

Customer Name: \_\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Suite City State Zip Code

Employer Phone#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Fax# \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Employment Begin Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Presently Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ Last Day of Employment \_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_ Wage per Hour: \$ \_\_\_\_\_ (Minimum Wage is \$7.31)

How often is the Employee Paid? \_\_\_\_\_ First Paycheck will be received on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Eligible for Benefits: Yes \_\_\_\_\_ No \_\_\_\_\_ Eligible for: \_\_\_\_ Medical \_\_\_\_ Sick Leave \_\_\_\_ Vacation

On Sick Leave On Regular Leave FMLA On Leave of Absence On Suspension

Reassigned on \_\_\_\_\_ Terminated on \_\_\_\_\_

Reason \_\_\_\_\_

Hours Verified: Week of \_\_\_\_\_ total weekly hours worked \_\_\_\_\_  
Week of \_\_\_\_\_ total weekly hours worked \_\_\_\_\_  
Week of \_\_\_\_\_ total weekly hours worked \_\_\_\_\_  
Week of \_\_\_\_\_ total weekly hours worked \_\_\_\_\_  
Week of \_\_\_\_\_ total weekly hours worked \_\_\_\_\_  
Week of \_\_\_\_\_ total weekly hours worked \_\_\_\_\_

Employer Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ \*\*Date Employment Verified via Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

*By affixing my signature to this form, I confirm that I have spoken to the "Employer Contact Person" noted above and that they verified ALL the employment information entered on this form*

I have entered a complete case-note outlining the employment begin date, position, wage, hours to be worked per week, phone number of the employer, who you spoke to verify the employment and any other pertinent information.

**\*PRIVACY ACT STATEMENT: Pursuant to 42 U.S.C. 1320b-7(a)(1) (Social Security Act) and 7 C.F.R. 273.6, disclosure of your social security number is mandatory. Social security numbers will be used by the Agency for program administration including verification purposes, distinguishing one individual from another, and for tracking and reporting purposes.**

**Please Return This Form To:**

New Port Richey  
4440 Grand Blvd.  
New Port Richey, Fl 34652  
Phone: 727-484-3400  
Fax: 727-484-3450

Spring Hill  
7361 Forest Oaks Blvd.  
Spring Hill, Fl 34606  
Phone: 352-200-3020  
Fax: 352-200-3046

Zephyrhills  
6038 Gall Blvd.  
Zephyrhills, Fl 33542  
Phone: 813-377-1300  
Fax: 813-377-1337