



VERIFICATION OF EMPLOYMENT

Date: _____

Employer Name _____

Employer Address _____

City _____ State _____ Zip Code _____

The South Florida Workforce (SFW) develops and supports workforce initiatives that meet the needs of workers and address the demands of business and industries. Because our programs are federally funded we collect wage and employment data to track the effectiveness of our programs. The following information is needed by SFW in order to track program performance.

Please complete each section marked on this form.

Section I - GENERAL INFORMATION

1. Name of Employee _____	Social Security Number _____ (last 4 digits only)
Address of Employee _____	
City _____ State _____ Zip Code _____	
2. Employee Number _____ Work Order Number (if applicable) _____	Hire Date: _____ Verified By: _____
3. Job Title _____	Type of Work Performed _____
4. Number of Hours Worked Per Week _____	Number of Days Worked Per Week _____
5. How often is/was the employee paid? _____ Day _____ Week _____ Bi-Weekly _____ Monthly	
6. Rate of pay \$ _____ per _____ Other _____ Hr./Day/Wk./etc. (Explain)	
7. Date current employment began _____ Date previously employed _____	
8. Does/did employee receive tips? _____ Yes _____ No If yes, show tips in Section II.	
9. Is/was employment seasonal? _____ Yes _____ No If yes, season begins _____ ends _____	
10. Is/was the employee covered by health insurance? _____ Yes _____ No	

Section II - RECORD OF PAY RECEIVED

1. List the gross amounts and dates of checks or cash which were or will be paid during the month(s) of _____ in the space below.

Pay Period Ends	Date Pay Received	Gross Earnings	Number of Hours Worked	Tips	Net Pay

2. If hours or rate of pay has varied in the above period, please state why. _____

Section III - CAREER CENTER INFORMATION

SFW Staff Name/Title Code _____	Address _____	City _____	State _____	Zip _____
Telephone Number _____	E-Mail Address _____			

Section IV - EMPLOYER INFORMATION

What I have written on this form is true to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.

Signature of Employer _____	Employer's Title _____
Name of Business _____	Telephone Number _____
Address _____ City _____ State _____ Zip Code _____	Date Completed _____