



VERIFICATION OF EMPLOYMENT

Date: _____

 Career Center Address City State Zip Code

 Telephone Number Fax Number

 Staff Name/Title

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.

Section I - GENERAL INFORMATION

Name of Employee _____ Social Security Number _____
(Last 4 digits only)

Job Title _____ Number of Hours Worked Per Week _____

How often is/was the employee paid? _____ Day _____ Week _____ Bi-Weekly _____ Monthly

Rate of pay \$ _____ per _____ Other _____
Hr./Day/Wk./etc. (Explain)

Does/did employee receive tips? _____ Yes _____ No If yes, what is the average weekly amount? \$ _____

Date current employment began _____ Date previously employed _____

Is the person currently employed? _____ Yes _____ No If no, provide employment end date _____

Is/was employment seasonal? _____ Yes _____ No

Is/was the employee covered by health insurance? _____ Yes _____ No

Section II – EMPLOYER INFORMATION

 Company's Name Address City State Zip Code

 Telephone Number E-Mail Address

By signing below I hereby affirm that I am a duly authorized representative to verify the above employment information.

 Signature of Representative Representative's Name (Print)

 Representative's Title Date Completed

Section III – WORK ORDER NUMBER (if applicable) **SFW USE ONLY**

Employee Number _____ Hire Date: _____ Verified By: _____