

# EMPLOYMENT VERIFICATION FORM

Due Date \_\_\_\_\_

To be completed by the employee	
Employer Name	Date
Employer Street Address	Employer Phone
Employer City, State, Zip Code	Employer Fax

I hereby authorize the release of employment information to **Fairfield County Job and Family Services**.

\_\_\_\_\_  
Signature of person giving consent

\_\_\_\_\_  
Date

## To be completed by the employer

Dear Sir or Madam:

We need to verify employment for: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of Employee Case Number Last Four SSN

Please complete the following information and return by fax to (740)689-4848.

Begin date of employment: \_\_\_\_\_ End date \_\_\_\_\_

Begin rate of pay: \_\_\_\_\_

Date of 1<sup>st</sup> pay: \_\_\_\_\_ Date of last pay \_\_\_\_\_

How often paid: \_\_\_\_\_ Hours per week \_\_\_\_\_

Reason left employment?  voluntary  involuntary

### Date Employee was Paid & Gross amounts of pay checks received for the most recent six weeks:

1.) Date _____	\$ _____	<input type="checkbox"/> Tips \$ _____	<input type="checkbox"/> Commission \$ _____
2.) Date _____	\$ _____	<input type="checkbox"/> Tips \$ _____	<input type="checkbox"/> Commission \$ _____
3.) Date _____	\$ _____	<input type="checkbox"/> Tips \$ _____	<input type="checkbox"/> Commission \$ _____
4.) Date _____	\$ _____	<input type="checkbox"/> Tips \$ _____	<input type="checkbox"/> Commission \$ _____
5.) Date _____	\$ _____	<input type="checkbox"/> Tips \$ _____	<input type="checkbox"/> Commission \$ _____
6.) Date _____	\$ _____	<input type="checkbox"/> Tips \$ _____	<input type="checkbox"/> Commission \$ _____

Your signature and title: \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Thank you,  
**Fairfield County Job & Family Services**

Fairfield County Job & Family Services  
239 W. Main Street  
Lancaster, OH 43130  
(740)652-7889 or 1-800-450-8845  
Fax: (740)689-4848