Employment Verification Form

Customer Information:

Last Name, First Name:	
Social Security #:	
Phone Number:	

Employer Information:

Date Reported:	
Date of Hire:	
Company Name:	
Job Title:	
Employer Address:	
Salary per hour $:	
Hours per week:	
Phone number:	
For WFS Use Only:	
ONET:	

_____   _____
Name of Person Completing Form   Position

_____   _____
Signature   Date