



EMPLOYMENT VERIFICATION FORM

CONGRATULATIONS ON YOUR NEW JOB! When you secure employment it is your responsibility to return this completed form to the Colorado Works Program within **5 business days**. The employer can complete the information below or you may provide the information to your AD Works Workforce Specialist. The completed form can be returned via fax, email or dropped off at the Workforce Center.

ATTN: Workforce Specialist: _____
Phone: _____
Fax: 303-952-3784
Email: ADWCW@arapahoegov.com

Date: _____

Employer: _____

Employer Address: _____

Contact: _____ Phone Number: _____

Please verify the following information for:

Participant Name: _____

Social Security Number: (xxx-xx-xxxx) _____

Job Title: _____

Start Date: _____ Hourly Salary: _____

Temp or Perm: _____ Hours Per Week: _____

Length of Temp Assignment: _____ How Often Paid: _____

NAME OF PERSON COMPLETING FORM (PLEASE PRINT)

SIGNATURE

DATE

Arapahoe/Douglas Works!
6974 S Lima Street
Centennial, CO 80134

ADW/CW-TANF (1.2021)