

VALIDATION OF EMPLOYMENT

Employee Name: _____

Place of Employment: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Employee Unit: _____

Employee Start Date: _____

Is this person still employed at your facility? Yes No

If no, enter last date of employment: _____

Total Hours of employment: _____

Please verify if the candidate worked 24 hrs per week for a minimum of six months _____

Supervisor's Name: _____

Supervisor's Phone Number: _____

Supervisor's Signature: _____

Date: _____