

## Employer Verification Form

Dear Employer, the following WIOA participant is currently or has been employed by your company. Please verify the information below. If you have questions, please call: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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### To be completed by Employer:

Start Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Still Employed?  Yes  No If no, End Date: \_\_\_\_\_

Salary/Rate of Pay: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Employment Status:

Regular  Temporary  Seasonal  Full-time  Part-time

**By signing below, I attest that the information provided on this application is true and accurate to the best of my knowledge.**

Employer Representative Signature: \_\_\_\_\_

Employer Representative Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

Career Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Career Advisor: Scan into ncworks.gov along with Closure Request Form*