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American Job Center
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Rivers East
WORKFORCE DEVELOPMENT BOARD



Employer Verification Form

Dear Employer, the following WIOA participant is currently or has been employed by your company. Please verify the information below. Please contact _____ at _____ if you have any questions.

Participant Name: _____ Last 4 SSN: _____

Employer Name: _____

Employer Address: _____

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: _____

Staff Signature: _____ Date: _____