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**Rivers East**  
WORKFORCE DEVELOPMENT BOARD



## Employment Verification Form

Participant Name: \_\_\_\_\_ State ID: \_\_\_\_\_

- Employed full-time: I certify that I am currently employed full-time.
- Employed part-time: I certify that I am currently employed part-time.

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

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

Job Title: \_\_\_\_\_ Dated Started: \_\_\_\_\_

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

- I have attached a pay stub to confirm the information above.

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_