

Employer Information

Name _____
Address _____
City/State/Zip _____
Phone _____

Participant Name _____

The above participant has applied for services under the Workforce Innovation and Opportunity Act (WIOA). A requirement of eligibility in the federal legislation is to verify previous employment.

Employment Verification

Job Title _____
Dates of Employment _____

Please verify the total gross wages for the above named individual from the following dates: _____ **Through** _____

Gross Wages _____

Signature

Verified By _____
Printed Name & Title

Date

Thank you for your cooperation!

Please return this form to:

Name _____
Title _____
Phone _____
Email _____
Fax _____