

**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** \_\_\_\_\_