

Participant Name: _____

The above named participant has given permission to staff of the Workforce Innovation and Opportunity Act (WIOA) to contact you to verify their employment. Please provide the following information regarding their employment status. A Disclosure and Release Form has been attached to this document.

Employment Verification

Employer Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Start Date: _____

Currently Employed? Yes No

If no, last date of employment? _____

Hourly Wage/Salary: _____

Hours Per Week: _____

Job Title: _____

Fringe Benefits? Yes No

Self-Employment? Yes No

Verified By: _____
Name and Title

_____ *Date*

Thank you for your cooperation!

Please return this form to:

Name: _____

Title: _____

Phone: _____

Email: _____

Fax: _____