CareerSource NORTHEAST FLORIDA

Employment Verified Date: _____

Employer Verification of Employment Form

Dear Employer:

You are requested to provide the following supporting employment information for one of your employees who participated in a program funded through the local Workforce Development Board. Your assistance is greatly appreciated.

Employee's Name _____ Last 4 SSN _____

I hereby give my permission that the requested information be provided to CareerSource NEFL.

Signature of Customer/Employee _____ Date _____

WTP CSNEFL CSCM _____ Date _____

EMPLOYMENT INFORMATION (to be completed by Employer)

Job Title _____ Date of last raise/promotion _____

Emplomen Start Date: _____ Starting Wage Rate Paid: _____

Current Wage Rate Paid: _____ Frequency of Payment: _____

Currently Employed? ☐ Yes ☐ No IF NO, Last day employed? _____

Average hours worked per week: _____

Benefits (Check all that apply): ☐ Sick ☐ Vacation ☐ Health ☐ Dental ☐ N/A

Comments: _____

EMPLOYER VERIFICATION

☐ THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Employer's Authorized Representative _____

Employer Signature _____ Date _____

Title _____

Employer's Full Business Name: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Please fax the requested information at your earliest convenience to: _____

ATTN: _____