

REQUEST FOR EMPLOYMENT VERIFICATION

Information request for: _____(name)

Employer or Business name: _____

Employer Phone Number: _____

Date Employee Started: _____

Average Hours Worked Per Week: _____

Employment Type: Full Time _____ Part Time _____ Casual _____

Employment Term: Permanent _____ Temporary _____ Seasonal _____ Contract _____

Rate of Pay: Hourly \$ _____ Monthly \$ _____

Total Pay for Last 12 Months: _____

Employee Receives: Overtime _____ Commission _____ Bonus _____ Tips _____

Frequency : Regular _____ Once in a While _____ Average per Month _____

Prospect of Continued Employment: Good _____ Fair _____ Poor _____

Comments: _____

Signature of Business Representative

Date

THANK YOU FOR YOUR COOPERATION