



### EMPLOYMENT VERIFICATION

Employee Name: \_\_\_\_\_

Employee SSN: \_\_\_\_\_

**Employer Information:**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**Wage Information:**

Original Hire or Rehire Date (if returning to work after a leave of absence): \_\_\_\_\_

Employee's Title or Position: \_\_\_\_\_

Hourly wage: \$\_\_\_\_\_ / hour      Salary: \$\_\_\_\_\_ / month or year (circle one)

Effective date of hourly wage if a raise: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Do the hours worked per week vary?  Yes  No

If yes: Minimum hours/week: \_\_\_\_\_ Maximum hours/week: \_\_\_\_\_

Is overtime offered on a consistent basis?  Yes  No

If yes: Weekly overtime hours: \_\_\_\_\_ Overtime rate of pay: \$\_\_\_\_\_

Does employment include bonuses, tips, commissions, or shift differential?

Yes  No      If yes, list the amount and frequency: \_\_\_\_\_

Pay Frequency:  Weekly  Bi-weekly (every other week)

Semi-monthly (twice a month)  Monthly

Date first paycheck received: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Phone Number**

*For PHA Office Use Only:*  
Verified by: \_\_\_\_\_ Contact name: \_\_\_\_\_ Date: \_\_\_\_\_

