**EMPLOYMENT VERIFICATION**

**CONTRACTOR CODE-6BS**

# Today’s Date:

# Verification for: [ ]  Initial Placement\* [ ]  90-Days employment retention

**Participant Name:**                                      **-**  **-**

 **Last First Name Social Security No.**

**Job Title:**

**Employer Name:**

**Employer Address:**                                                   **City/Zip:**

**Employer Contact:**                                                   **Phone:**

Please check and complete one of the following:

|  |
| --- |
| **Verification Method** |
| [ ]  **EMPLOYER To be filled by the employer** **I certify that the above named individual has worked** [ ]  **1 day** [ ]  **90 days from the date of hire** |
|  **(please check mark the applicable box)** **Date of Hire (or re-hire)****or Date this Job Started :** **/** **/** **Hrs worked / week:****Hourly Wage: $             Health Insurance is (or will be) Available** **[ ]  Yes** **[ ]  No**                                                                                 Employer Signature and printed Name Date |
|  **OR**  [ ]  **WAGE STUB Please make sure that a copy of the wage stub(s) is attached.** |

**OR**

# [ ]  Spoke with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

#  printed name of employer telephone number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **still works \_\_\_\_\_\_\_ hours a week and earning $\_\_\_\_\_\_\_\_ an hour.**

client name

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

 TRAC staff signature TRAC staff printed name Date