**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