



EMPLOYMENT VERIFICATION FORM

I hereby authorize my employer to release the following information to CareerSource Pinellas and the Workforce Board of Pinellas County.

Name: _____ SSN: _____

Employment Information:

Job Title: _____ Hourly Wage: _____ Gross Weekly Wage: _____

Date of Hire: _____ Date of first paycheck: _____

Currently Working FT PT # of Hours per week _____ Seasonal

Pay Frequency: Daily Weekly BI-Weekly Monthly Other _____

Not Eligible for Benefits Eligible for: Medical Sick/Personal Leave Vacation

Currently Not Working:

On Sick Leave On Regular Leave FMLA on Leave of Absence On Suspension

Resigned/Quit on _____ Terminated on _____ Reason: _____

Company Name: _____ Phone: _____

Address: _____ City: _____ Florida Zip: _____

Employer's Representative Printed Name _____ Title _____

Employer's Representative Signature _____ Date _____

Or:

Hours verified: week of _____ total weekly hours worked _____
(use Monday week of _____ total weekly hours worked _____
to Sunday) week of _____ total weekly hours worked _____
(must be week of _____ total weekly hours worked _____
specific) week of _____ total weekly hours worked _____
week of _____ total weekly hours worked _____

Phone Verification completed by (staff name) _____ Title _____ Date _____

Please fax to: _____

*PRIVACY ACT STATEMENT: Pursuant to 42 U.S.C. 1320b-7 (a) (1) (Social Security Act) and 7 C.F.R. 273.6, disclosure of your social security number is mandatory. Social security numbers will be used by the Agency for program administration including verification purposes, distinguishing one individual from another, and for tracking and reporting purposes.