



EMPLOYMENT VERIFICATION FORM

I authorize my employer to release any information regarding my employment requested in this form. I also give PACEAPP permission to contact my employer for any clarification regarding information on this form.

Parent Signature _____ Printed Parent Name _____ Date _____

TO BE FILLED OUT BY THE EMPLOYER:

EMPLOYMENT RECORD:

Name of employee: _____
 His/her first date of employment was/is _____
 If the employee is returning from a leave, what is the date of return? _____
 If the employee is temporary, what are the start and end dates of employment? _____
Start End

EMPLOYMENT SCHEDULE:

Does s/he have a regular work schedule (approximately the same hours each day)? YES NO
(If yes, please fill out Section A; if no, please fill out Section B. Do not fill out both.)

SECTION A: Please specify the work schedule each day: (Ex. M 11 am – 7 pm)

| | | | | | | |
|---|---|---|----|---|---|----|
| M | T | W | Th | F | S | Su |
|---|---|---|----|---|---|----|

Total number of paid hours per week _____

SECTION B: If the employee's work schedule will vary, please answer the following based on what the employee could work:

Circle the possible work days: M T W TH F S SU

1. Earliest time s/he could begin work _____
2. Latest time s/he could end work _____
3. Maximum number of hours a day _____
4. Maximum number of hours per week _____
5. Average number of hours per week _____

PAYMENT:

Hourly rate of pay: \$ _____ or Salaried rate of pay: \$ _____
 S/he gets paid: weekly every two weeks twice a month monthly

Please indicate usual business operation hours:
 Open: _____ Closed: _____ Days: _____

I certify that the information I have given about the above employee is complete and accurate to the best of my knowledge.

 Name of Person Filling out the Form (Please Print)

 Name of Company/Organization

 Title

 Address of Company

 Signature of Person Filling out Form

 City, State, Zip Code

 Date

 Company Phone #

ADMINISTRATIVE USE ONLY:

Telephone Verification Completed By: _____ Date: _____
 Contact Name, Title: _____ Phone: _____
 As Applicable: Employer refused to verify employment Employer was unresponsive to request to verify employment
 Comments: _____