



Transitional Workforce Division

Employment Verification Form

SSN: _____ - _____ - _____ Program Enrollment Date: ____/____/____ Program Name: _____

Job Candidate's First Name: _____ Last Name: _____

Provider Name: _____ Job Site Code: _____

1st Placement 2nd Placement 3rd Placement

<u>Previous Activity/Outcome Information:</u>		
<p>Core activity:</p> <p><input type="checkbox"/> PWE <input type="checkbox"/> Community Service <input type="checkbox"/> Job Search</p> <p><input type="checkbox"/> Work Study</p> <p><input type="checkbox"/> Skills Training- Successful Completion <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>End Date: ____/____/____</p>	<p>Non Core:</p> <p><input type="checkbox"/> GED (move up) <input type="checkbox"/> GED (non-move up)</p> <p><input type="checkbox"/> ABE (move up) <input type="checkbox"/> ABE (non-move up)</p> <p><input type="checkbox"/> ESL (move up) <input type="checkbox"/> ESL (non-move up)</p> <p>End Date: ____/____/____</p>	<p>Previous Employment:</p> <p><input type="checkbox"/> Unsubsidized</p> <p><input type="checkbox"/> Subsidized</p> <p><input type="checkbox"/> Child Care provider for JC in CS</p> <p>End Date: ____/____/____</p>

* Satisfactory completion indicates that all contractual requirements have been met for this JC

Type of Job:

Unsubsidized Subsidized Child Care provider for JC in CS

For Unsubsidized/subsidized jobs only: Is this placement training related? Yes No

For jobs that are 20 hours a week or more only: Do you want to claim this job as a retention? yes no

Childcare currently being used? Licensed Unlicensed

Employer Data:

Parent Company (if applicable): _____

Employer Name: _____ Store Location Number (if applicable): _____

Street: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

JC's Job Title: _____

Contact Person: _____ Contact Person's Title: _____

Employment Data:

Begin Date (first day worked): ____/____/____ Date of first paycheck: ____/____/____ Frequency of pay: _____ Hourly wage: _____

Hours per week: _____ Shift: Day Evening Night Benefits within 6 months: Yes No Offered, not accepted

Ending hourly wage (if applicable): _____ Ending Hours per week (if applicable): _____ Employment End Date (if applicable): ____/____/____

Wrap Around to be opened: If applicable

Job Search Skills Training ESL GED ABE Life Skills Hours per week _____

I certify that the Job Candidate has worked at least one shift at the Employer listed above.

Signed: _____ Print Name: _____ Date of Verification: ____/____/____

Supervisor Signature: _____ Date: ____/____/____