

Adult Career Pathways Employment Verification Form

Employer Information

Employer Name: _____

Employer Contact: _____ Email: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Phone: _____

Job Information

Job Title: _____

Job Sector: Federal Contractor Private Public – Federal Public – Non-Federal

Job Duration: Seasonal Temporary (<150 Days) Permanent (150 days or more)

Job Start Date: _____ Hourly Wage: _____ Hours Per Week: _____

Employment Type: Direct Hire Temporary Agency Job is Training Related: Yes No

Benefit Package: Yes No

Benefit Detail: Dental Life Retirement Health Other Vacation

Other Information

Participant Signature: _____ Date: _____

Printed Name of Employer Representative & Title: _____

Employer Representative Signature: _____ Date: _____