



EMPLOYMENT VERIFICATION

Employment verification for: _____

With the below signature, I hereby release below, related employment information to Twilight Adult School and the American Job Center of California.

Signature

Date

EMPLOYER INFORMATION

Employer Name:

Contact Person:

Title:

Phone No.:

Fax No.:

E-Mail Address:

Employer Address:

City:

State:

Postal Code:

EMPLOYEE INFORMATION

Employee Name:

Position:

Social Security No.

Date of Hire:

Benefits:

Hourly Wage:

Hours/Week:

Currently Employed? YES NO

If NO, please provide last day of employment _____.

Comments: _____

EMPLOYER / APPROVED REPRESENTATIVE VERIFICATION

I, _____ state that the information provided above is true and correct.
(PLEASE PRINT)

Employer or Approved Representative Signature

Title

Date