



PASADENA UNIFIED SCHOOL DISTRICT

Twilight Adult School

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