



Education, Employment, and Training Division

Stockbridge-Munsee Community

P. O. Box 70

W13447 Camp 14 Road

Bowler Wisconsin 54416

Phone: 715-793-4100 or 1-800-720-2790 Fax: 715-793-4830

www.mohican.com/eetdept



Verification of Employment

Please ask your employer to complete the EMPLOYER INFORMATION portion of this form and fax it to 715-793-4830

EMPLOYEE INFORMATION (Note: the employee should complete this section)

FIRST NAME	MI	LAST NAME	
MAILING ADDRESS	CITY	STATE	ZIP
SSN:	DATE OF BIRTH	PHONE NUMBER	

EMPLOYER INFORMATION

Employer/ Company Name	Phone Number	Fax Number	
Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Immediate Supervisor	Supervisor's Job Title		
Applicant's Job title	Starting Date	Hours Per Week	Days Per Week
Hourly Salary	Bi-Weekly Salary	Monthly Salary	Date of 1 st Paycheck
			Date of 1 st Full Paycheck
Work Days (Check)	SUN	MON	TUE
			WED
			THURS
			FRI
			SAT

QUESTIONS

Is this a seasonal job? If yes, End Date _____

Is this a part time job? If yes, hours per week _____

Is this a full-time permanent job? If No, Describe _____

Do you require special work clothes/uniform? If yes list type of clothes _____

Do you require special licenses? If Yes, list type of license _____

Do you require special work tools? If Yes, list type of tools _____

CERTIFICATION

I certify that the information in this form is accurate and true. (Initial) _____

Employer/ Supervisor Signature _____

Date _____