

## **Education and Career Services**

Stockbridge-Munsee Community P. O. Box 70 W12635 County Rd A Bowler Wisconsin 54416 Phone: 715-793-4353 Fax: 715-253-2436



## **Verification of Employment**

Please ask your employer to complete the EMPLOYER INFORMATION portion of this form and fax it to 715-253-2436

EMPLOYEE INFORMATION (Note: the employee should complete this section)														
FIRST NAME				MI				LAST NAME						
MAILING ADDRESS				СІТҮ			STA	ГАТЕ				ZIP		
SSN:				DATE OF			PHON	ΕN	UMBER					
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						Startin				Hours Per Week		Days Per	Days Per Week	
Hourly Salary Bi-Weekly Salar				y Monthly Sa		ary Date of		f 1 <sup>st</sup>	1 <sup>st</sup> Paycheck		Date of 1 <sup>st</sup> Full Paycheck			
Work Days (Check)	SUN	SUN N		-	TUE	WED		ТН		URS FRI		I	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														
<b>CERTIFICATION</b>	-	tion in 41-	for	a aggurate -	nd ture (I	tio D								
i certify that the Inf	I certify that the information in this form is accurate and true. (Initial)													
Employer/ Superviso		Da	te											