



### 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	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 <sup>st</sup> Paycheck
			Date of 1 <sup>st</sup> 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