

## VALIDATION OF EMPLOYMENT

Employee Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employee Unit: \_\_\_\_\_

Employee Start Date: \_\_\_\_\_

Is this person still employed at your facility? Yes ☐ No ☐

If no, enter last date of employment: \_\_\_\_\_

Total Hours of employment: \_\_\_\_\_

Please verify if the candidate worked 24 hrs per week for a minimum of six months \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_