

13 TENANTS, VOL.
EMPLOYEE/EMPLOYMENT VERIFICATION FORM

To be completed by Employer/Supervisor/Authorized Staff ONLY

Name of Employee: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Dates of Hire: _____ Hours of Employment: Start Time: _____ End Time _____

Days of Employment: Sun Mon Tues Wed Thurs Fri Sat

If flexible schedule, please list: Minimum hours per week: _____

Maximum hours per week: _____

Seasonal Workers: Months per year (approx.): _____

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and hereby authorize my employer to release information to 13 Tenants, Vol. about my employment.

Employee (Print Name)

Date

Employee (Signature)

Authorized Employer Representative (Print Name)

Date

Authorized Employer Representative (Signature)