This a sample form and does not mean NVTAC or US DOL-VETS endorses this form as required, or as an approved form. This form was one of many that were collected from service providers and is only intended to help program planners develop forms and tools that will serve the needs of their program.

HVRP Manual Sample Forms

EMPLOYMENT VERIFICATION

Today’s Date: ____________

Due to program requirements, we are requesting that you please provide employment verification information for:

Print Name (Last, First) ____________________________ Date of Birth ____________________________ SSN (Last Four) ____________________________

Employer’s Company Name: ____________________________

Address: ____________________________ State __ Zip ________

Telephone Number ____________________________

Employer’s Signature: ____________________________ Title: ____________________________

Job Title: ____________________________ Start Date: ____________ Hourly Wage: $__________

Shifts Worked:  □ Days  □ Night  □ Swing Shifts  □ Other (explain) ____________________________

Days of the week that are worked (check all that apply):

□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday

How often paid:  □ Weekly  □ Bi-weekly  □ Monthly  □ Other (explain) ____________________________

Hours per week _____ Date will receive first check: ____________ Monthly Pay amount: $__________

HVRP Representative ____________________________ Telephone ____________________________

GREEN JOB CLASSIFICATION:

□ Construction □ Electric Power □ Vehicle Industries  □ BIO-Fuels □ Deconstruction □ Energy Assessments

□ Sustainable Products □ CWT Program

HVRP/SOP/ENROLLMENTS/EMPLOYMENT VERIFICATION