

HVRP Manual Sample Forms

*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

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