

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.*

Employment Verification Form

Employment Information	
Invoice #:	Employment Start Date:
Participant's Name:	
Additional Information	
Employer:	
Address:	
City, State, Zip:	
Phone Number:	
Job Title:	
Hours/Week/Month:	
Salary:	
Supervisor Name:	
Benefits	
Length of Probation/Months:	
Job Duties:	
Signatures	
Employee Signature:	Date:
Job Developer Signature:	Date:
Supervisor Signature:	Date: