



Employment Verification

Employee's Name:

Last

First

Middle

Employment Information

Business Name:

Address:

Phone:

Job Title:

of hours worked per week:

Hourly wage:

Employment Start Date:

Job Duties:

Benefits: Medical Insurance Vacation Annual/Sick Leave Retirement

Business Representative's Name

Business Representative's Signature

Date

The supervisor or business representative verifies that the employee is a current employee of the stated business and all information provided on this form is true and accurate.

NOTE: This form shall be submitted within 5 days of the individual's employment start date.

The information collected on this form is necessary to verify and ensure accurate data collection for each individual who obtains employment with Idaho Division of Vocational Rehabilitation [IDVR] support.