



# 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

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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.