



## EMPLOYMENT VERIFICATION FORM

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (956) \_\_\_\_\_

Program: \_\_\_\_\_

Referral type: \_\_\_\_ Career Specialist \_\_\_\_ BSU Rep \_\_\_\_ Other

Start Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Pay Frequency: \_\_\_\_ Wkly \_\_\_\_ Bi-Wkly \_\_\_\_ Monthly

Wages: \_\_\_\_\_ per \_\_\_\_\_ Ins. (*circle one*): YES NO

Hours per Week: \_\_\_\_\_ Circle One: Full-Time Part-Time

Staff Member Verifying: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR ES DEPARTMENT USE ONLY

Assessment/Case Management	Intake/Orientation	Job Search	Other Services	Testing	Training
1- Assigned Case Manager	1-Job Search Orientation	1-Contact made to AJB	1-Bonding Assistance	1-BEAG	1-Other Federal Training
2- Counseling	2-Other Orientation	2-Job Development	2-Customer Survey	2-GATB	2-Other State/Local Trn.
3- Employability Development Plan	3-RRES Exemption	3-Job Search Assistance	3-Misc. Services	3-NATB	3-WIA Training
4- Job Readiness	4-RRES Orientation	4-Job Search Workshop	4-Tax Credit Eligibility	4-Other	
5- Post Employment Services		5-LMI		5-Onet Assessment	
6- Received Case Management Services		6-Resume/Application Prep		<b>6-Spelling</b>	
7- Referral to Educational Services				7-Typing	
8- Supportive Services Information				8-TABE-Math	
9- Training Provider Information				9-TABE Reading	
10- TAP Enrolled					
11- TAP Terminated					
12- Vocational Guidance Services					