EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED B				
This form must be mailed or faxed to The resident cannot "hand			sonnel.	
	-			
TO: (Name & address of employer)			1 st Request	
			2 nd Request	
			3rd Request	
			Fax #:	
			Attn:	
RE:				
Applicant/Resident Name	Social Security I	Number	Ur	nit # (if assigned)
I hereby authorize release of my employment information.				
Signature of Applicant/Resident	Date			
Signature of Applicant/Resident	Dale			
The individual named above is an applicant/resident of a housing prog confidential to satisfaction of that stated purpose only. Your prompt re				ovided will remain
		n Form To:		
Management Agent				
Phone Number				
THIS SECTION TO BE				
Please use GROSS amounts and do not leave any sections blank; enter zero " 0 " or "N/A."				
Employee Name:		Title:		
Presently Employed: Yes Date First Employed:	N	lo Last Date	of Employment:	
Current Gross Wages/Salary: \$ (check	one below) Averag	ge # of regular h	nours per week:	
hourly weekly bi-weekly monthly	/ 🗌 semi-month	ly 🗌 ye	arly 🗌 otł	ner:
Year-to-date gross earnings: \$ from			Pay Periods inc	luded in YTD
· ·		m-dd-yy)		
Overtime Rate: \$ per hour	-	overtime hours		
Shift Differential Rate: \$ per hour	0	ift differential ho	·	
	cone below) Included	d in Y-T-D figure	e above?	Yes 🗌 No
hourly weekly bi-weekly monthly	/ 🗌 semi-month	ly 🗌 ye	arly 🗌 oth	ner:
List any anticipated increase in the employee's rate of pay within t	he next 12 months:		Effective Dat	e:
Does the employee participate in a 401K Retirement account?	🗌 Yes 🗌 No 🛛	Employee can ac	cess the account?	🗌 Yes 🗌 No
If the employee work is seasonal or sporadic, please indicate the l	ayoff period(s):			
If no Social Security number was provided, did employer view	v picture identification	l? [Yes	🗆 No
Additional Remarks:	•			
Employer's Signature	Employer's Printed Nam	e and Title		Date
Employer (Company) Name	E-mail Address		Phone #	
				Fax #

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

www.wshfc.org/managers/forms-RC.htm Employment Verification Instruction | Rev. October 2017