south florida Workforce
member Employ Florida

Date: _____

VERIFICATION OF EMPLOYMENT

Career Center _____ Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ E-mail Address _____

Print Staff Name and Title _____

The South Florida Workforce (SFW) develops and supports workforce initiatives that meet the needs of workers and address the demands of business and industries. Because our programs are federally funded we collect wage and employment data to track the effectiveness of our programs. The following information is needed by SFW in order to track program performance.

Please complete each section in its entirety do not leave blank fields. Indicate N/A if not applicable

SECTION I - GENERAL INFORMATION

Name of Employee _____ **Social Security Number** _____ **(Last 4 digits only)**

Current Job Title _____ *Number of Hours Worked Per Week* _____ *Rate of pay $* _____ *per Hour, Week, Month, Year (please circle one)*

How often is/ was the employee paid? ☐ *Day* ☐ *Week* ☐ *Bi-Weekly* ☐ *Monthly*

Other _____ *Does/ did employee receive tips?* ☐ *Yes* ☐ *No* *If yes, what is the average weekly amount? $* _____

Explain - For example: Commission, Per Assignment, etc.

Current employment ***start*** *date* _____ *Hire date (if different from the start date)* _____

Is the person currently employed? ☐ *Yes* ☐ *No* *If no, provide employment* ***end*** *date* _____ *Is/ was the employee covered by health insurance?* ☐ *Yes* ☐ *No*

SECTION II – EMPLOYER INFORMATION

Company's Name _____ Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ E-Mail Address _____

By signing below I hereby affirm that I am a duly authorized representative to verify the above employment information.

Signature of Employer's Representative _____ Representative's Name (Please Print) _____

Representative's Title _____ Date Completed _____

SECTION III – WORK NUMBER (if applicable) **SFW USE ONLY**

Employee Number_____ Hire Date:_____ Verified By:_____ Name:_____

Signature Please Print

SECTION IV – WORKFORCE SERVICE PROVIDER INFORMATION **SFW USE ONLY**

Received By:_____ Name:_____ O'NET Code:_____

Staff Signature Print Staff Name and Title