



EMPLOYMENT VERIFICATION FORM

Customer Name: _____ SSN: (Last 4 digits only) _____

Employer Name _____

Address: _____

Phone#: _____

Employer Contact Name and Title: _____

Customer's Job Title: _____ Start Date: _____

End Date _____
(if applicable)

Pay Rate/Salary: _____ Per _____ (week/month/year/etc.)

Hours Worked Per Week: _____

Date of Confirmation: _____

Disclosure of your social security number is mandatory. However, Pursuant to the Privacy Act of 1974 and Section 119.07(5)(a)3 F.S. (2005) and 5 USCA 552a, your Social Security number and personal information will be protected as confidential by all staff members. Social Security numbers will be used by the Work Force One Service Provider for identifying and tracking services. This information is reported to approved Federal and State agencies regarding those services, and dollars spent as allowed under the Privacy Act



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Auxiliary aids are available upon request to individuals with disabilities
Florida Relay #711

