



Dear Employer: Your employee has gone through a training program conducted by WorkForce One. For statistical purposes, please assist us by completing the following information and faxing it back to WorkForce One at your earliest convenience. Thank you for your cooperation!

**Employment Verification Form**

Company Name: \_\_\_\_\_ Federal Employer ID #: \_\_\_\_\_

Employer Representative: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Last four of SS#: \_\_\_\_\_

Participant's Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date (If applicable): \_\_\_\_\_

Pay Rate/Salary: \_\_\_\_\_ Per:  Hour  Week  Month  Year

Hours Worked Per Week: \_\_\_\_\_ Date of Confirmation: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

*NOTE: When obtaining verification via phone from a customer or employer ensure that you obtain all the information contained in this form and document in the comments section with whom you obtained the information from and the date the information was obtained.*

**Please fax this form to the appropriate Center:**

WorkForce One North  
Fax: 954.969.3550

WorkForce One Central  
Fax: 954.714.3479

WorkForce One South  
Fax: 954.985.4759

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.