

Employment/Income Verification



Date: _____

TO WHOM IT MAY CONCERN: This is authorization to release the information concerning the employment of _____.

We appreciate your cooperation and prompt return of this information.

Thank you,

Employee's Signature

Employee's Last Four of SSN

TO BE COMPLETED BY EMPLOYER

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Employment Start Date: _____ End Date: _____

Number of Weekly Hours: _____ Rate of Pay: _____ Per: _____

Pay Frequency: Weekly Every Two Weeks Twice Per Month Once Per Month

Does this employee receive tips? Yes No Estimated Monthly Tip Income: _____

Does this employee receive bonuses? Yes No Frequency: _____

Estimated Bonus Income: _____

Employer's Signature

Title

Date

Customers must upload this document to their online application.

Workforce Solutions is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. (Please request reasonable accommodations a minimum of two business days in advance.) **Relay Texas** Numbers: 1.800.735.2989 (TDD) 1.800.735.2988 (voice) or 711