



VERBAL EMPLOYMENT & EDUCATION VERIFICATION

This form may be used to verify employment at the following employment retention marks: 30 days, 60 days and 90 days. Initial employment verification, six month and one year employment verifications require the use of the standard Employment Verification Form signed by the employer.

Employee Name: _____

Company Name: _____

Company Address: _____

Company Address/City/Zip: _____

Company Phone Number: _____

Employee Start Date: _____

Working Full Time (36+ hours per week) ___ or Part Time (less than 36 hours per week): ___

Employee Job Title: _____

Employee's Hourly Wage: _____

Benefits Provided (Yes/No): _____

Termination Date (if applicable): _____

Name of Company Representative Providing Information: _____

Title of Company Representative: _____

Signature of Business Services Representative

Date

Please Print Name

Please Print Title