

Phone (309) 764-3724

Fax (309) 764-3744

## **END EMPLOYMENT VERIFICATION FORM**

| Employee's Name (Printed)  |           |          |          |          |          |          |          |          |    |
|--|-----------|----------|----------|----------|----------|----------|----------|----------|----|
| Employee's Signature   |           |          |          |          |          |          |          |          |    |
| FORMER EMPLOYERS PLEASE COMPLETE ALL INFORMATION BELOW AND FAX TO: (309) 764-3744 ATTN: Eligibility Department *The completed End Employment Verification Form can also be mailed or hand delivered to the Centralized Eligibility office located at 4210 44 <sup>th</sup> Avenue, Moline, IL 61265. If you have questions about the End Employment Verification, please contact the Eligibility Department at (309) 764-3724. |           |          |          |          |          |          |          |          |    |
| Employers only should complete the information below the black line.   |           |          |          |          |          |          |          |          |    |
| START D  | OATE OF E | EMPLOYM  | ENT:     |          |          |          |          |          |    |
| END DATE OF EMPLOYMENT:  |           |          |          |          |          |          |          |          |    |
| COMPANY/ EMPLOYER NAME:  |           |          |          |          |          |          |          |          |    |
| PHONE # (WITH AREA CODE)   |           |          |          |          |          |          |          |          |    |
| STREET ADDRESS, CITY, STATE, ZIP CODE  |           |          |          |          |          |          |          |          |    |
| COMPANY REPRESENTATIVE/ EMPLOYER SIGNATURE:  |           |          |          |          |          |          |          |          |    |
| JOB TITLEDATE  |           |          |          |          |          |          |          |          |    |
| PLEASE INDICATE THE DAYS & HOURS THE EMPLOYEE WAS SCHEDULED TO WORK AT THE TIME OF THEIR DEPARTURE. FOR VARYING WORK SCHEDULES, PLEASE GIVE A TYPICAL SCHEDULE.  |           |          |          |          |          |          |          |          |    |
| THEIR DE   | ARTUKE    | MON      | TUE      | WED      | THU      | FRI      | SAT      | SUN      | L. |
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