



EMPLOYMENT VERIFICATION FORM

I hereby authorize my employer to release the following information to CareerSource Pinellas and the Workforce Board of Pinellas County.

Name: _____ SSN: _____

Employment Information:

Job Title: _____ Hourly Wage: _____ Gross Weekly Wage: _____

Date of Hire: _____ Date of first paycheck: _____

☐ Currently Working ☐ FT ☐ PT # of Hours per week _____ ☐ Seasonal

Pay Frequency: ☐ Daily ☐ Weekly ☐ BI-Weekly ☐ Monthly ☐ Other _____

☐ Not Eligible for Benefits ☐ Eligible for: ☐ Medical ☐ Sick/Personal Leave ☐ Vacation

Currently Not Working:

☐ On Sick Leave ☐ On Regular Leave ☐ FMLA ☐ on Leave of Absence ☐ On Suspension

☐ Resigned/Quit on _____ ☐ Terminated on _____ Reason: _____

Company Name: _____ Phone: _____

Address: _____ City: _____ Florida Zip: _____

Employer's Representative Printed Name

Title

Employer's Representative Signature

Date

Or:

Hours verified: week of _____	total weekly hours worked _____
(use Monday week of _____	total weekly hours worked _____
to Sunday) week of _____	total weekly hours worked _____
(must be week of _____	total weekly hours worked _____
specific) week of _____	total weekly hours worked _____
week of _____	total weekly hours worked _____

Phone Verification completed by (staff name) _____ Title _____ Date _____

Please fax to: _____

***PRIVACY ACT STATEMENT:** Pursuant to 42 U.S.C. 1320b-7 (a) (1) (Social Security Act) and 7 C.F.R. 273.6, disclosure of your social security number is **mandatory**. Social security numbers will be used by the Agency for program administration including verification purposes, distinguishing one individual from another, and for tracking and reporting purposes.