

EMPLOYMENT VERIFICATION / RETENTION FORM (EV-2)

Customer Name: _____ SS# _____

Last Date of WIA Services _____ Exit Date: _____

I, _____ do hereby give my current and/or previous employer permission to release the above employment & wage information to Greenville WIA. Furthermore, by providing my signature, I acknowledge the form is incomplete & only upon my entry into unsubsidized employment is the form submitted for completion.

Yo, _____ por éste medio doy permiso a mi actual y/o anterior empleador a divulgar a Greenville WIA la información relacionada con mi empleo y mi salario arriba indicada. Además, al firmar aquí estoy reconociendo que esta forma es incompleta y solo será completada en el momento de mi incorporación laboral.

Participant Signature

Date

To Be Completed During 1st QUARTER After Exit:	Date: ____/____/____ to ____/____/____
Employer Name: _____	Phone: # _____
	Fax: # _____
Employer Address: _____	FEIN # _____
Currently Employed: Yes _____	Date Employed: _____ No _____ Last Date: _____
Job Covered by UI: Yes _____	No _____ Fringe Benefits: (i.e., Medical) Yes _____ No _____
Hourly Wage: _____	Hours Per Week _____ Job Title: _____
Employer Print Name/Title: _____	
Signature: _____ Date: _____	

To Be Completed During 2nd QUARTER After Exit:	Date: ____/____/____ to ____/____/____
Employer Name: _____	Phone: # _____
	Fax: # _____
Employer Address: _____	FEIN # _____
Currently Employed: Yes _____	Date Employed: _____ No _____ Last Date: _____
Job Covered by UI: Yes _____	No _____ Fringe Benefits: (i.e., Medical) Yes _____ No _____
Hourly Wage: _____	Hours Per Week _____ Job Title: _____
Employer Print Name/Title: _____	
Signature: _____ Date: _____	

To Be Completed During 3rd QUARTER After Exit:	Date: ____/____/____ to ____/____/____
Employer Name: _____	Phone: # _____
	Fax: # _____
Employer Address: _____	FEIN # _____
Currently Employed: Yes _____	Date Employed: _____ No _____ Last Date: _____
Job Covered by UI: Yes _____	No _____ Fringe Benefits: (i.e., Medical) Yes _____ No _____
Hourly Wage: _____	Hours Per Week _____ Job Title: _____
Employer Print Name/Title: _____	
Signature: _____ Date: _____	

