

# FORM I

## EMPLOYMENT VERIFICATION FORM

I, \_\_\_\_\_, authorize the release of information regarding my employment to the Town of \_\_\_\_\_.

Signature of Employee: \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Employee: (print) \_\_\_\_\_

**This form must be completed by the employer/former employer in order to be valid documentation for the purpose of administration of municipal assistance.**

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date of Hire \_\_\_\_\_ Date starting/started work \_\_\_\_\_ Hourly Pay Rate \_\_\_\_\_

Full/part time \_\_\_\_\_ Hours per week \_\_\_\_\_ Paid ☐ weekly ☐ biweekly ☐ other \_\_\_\_\_

**Pay Period Ending    Actual Date of Payment    Gross Pay    Net Pay    Check/Direct Deposit**


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**If \_\_\_\_\_ is no longer employed by your company:**

Date of termination/separation \_\_\_\_\_ Date/net amount of last paycheck \_\_\_\_\_

Reason for termination/separation \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature and Title

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_ Phone # or Email: \_\_\_\_\_