

EMPLOYMENT VERIFICATION

Complete both pages for **ALL** current employers.
If you are self-employed, please download the Self-Employment forms.

I authorize you to provide all necessary information to verify employment dates, hours and pay rate.

Employee Name: _____ **Employee Title:** _____

Employee Signature: _____ **Date:** _____

Employer: _____

Employer Address: _____

Is Employer located within the Ridgway School District R-2 boundaries? YES _____ NO _____

Dates of Employment: _____ to _____

Seasonal: YES _____ NO _____

Wages Received: \$ _____ per _____

Paid leave received: _____ days

Average **hours per week** worked: _____

Total **weeks per year** worked: _____

Total **hours per year** worked: _____

Under penalty of perjury, I declare that all information contained herein is true, correct, and complete to the best of my knowledge and belief.

Employer Signature

Date

Printed Name

Title

Telephone Number

Email

