

REQUEST FOR VERIFICATION OF EMPLOYMENT

SECTION A: APPLICANT

Please fill out Section A then give this form to your employer to complete Sections B and C.

Applicant Name:	Employer Name:
Address:	Address:
City, State, Zip Code	City, State, Zip Code
Phone:	Phone:
I authorize you to release my employment information to the program checked above.	
Employee's Signature: _____ Date: _____	

SECTION B: EMPLOYER

Please provide the following information for the above listed employee, then send the completed form to the email at bottom of page. Please call 720-822-1116 with any questions that you may have.

Present position:	Dates of employment:	
Probability of continued employment:		
Current gross pay (enter amount per pay period):		
Please check the frequency: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> 2X / month (24X / year) <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		
Average regular hours per week:		
Overtime rate per hour:	Average number of overtime hours per week:	
Commissions earned per week:		
Tips earned per week:	Annual bonuses:	
Date and amount of applicant's last pay increase:	Date:	Amount:
Date and projected amount of applicant's next pay increase:	Date:	Amount:
Additional information (please explain seasonal work cycles and other pertinent information)		
Employee's total gross annual income: \$ _____		

SECTION C: EMPLOYER AUTHORIZED SIGNATURE

Signature:	Date:	Title:
Printed Name:	Phone & Email Address:	

Employer, please sign this form and return to apply@elevationclt.org.