



DEPARTMENT OF HUMAN SERVICES
 EMPLOYMENT SERVICES OF WELD COUNTY
 315 N 11th AVENUE
 PO BOX 1805
 GREELEY, CO 80632
 (970) 353-3800
 FAX (970) 346-7981

EMPLOYMENT VERIFICATION FORM

Date:

ATTN: Employment Verification

The Weld County Department of Human Services/Employment Services needs to verify employment for

_____ SS#-_____.

Please fill in the information below and/or make any changes.

Your help in this matter would be greatly appreciated.

Thank you,

Employment Case Manager
 (970)353-3800 Ext.

RELEASE OF INFORMATION

I, _____,
 authorize any agency or employer to supply information about my employment to the Employment Services.

Date: ____/____/____

EMPLOYMENT SECTION

COMPANY NAME:		COMPANY PHONE:	
COMPANY ADDRESS:		WAGE:	
DATE OF HIRE:		HRS PER WK:	
START DATE:		PAY PERIODS: Wkly,Bi-wkly,Mthly	
JOB TITLE:		NUMBER OF HOURS ON 1 ST PAYCHECK	
DATE OF 1 ST PAYCHECK			
DURATION OF JOB:	<input type="checkbox"/> Long Term (30 days or longer)		<input type="checkbox"/> Short Term (less than 30 days)

VERIFYING PERSON:

Print Name & Title: _____

Signature: _____