



Employment Verification Form

(To be completed by employer)

Applicant's Name: _____ **SS Number:** _____

To: The employer of the undersigned: **TWIST ID::** _____

This is your authorization to release the information concerning my employment as required below. In order to establish eligibility for child care assistance with Workforce Solutions North Texas, verification of employment hours and income is required. Please complete this form as soon as possible. It is required before I, or a member of my family, can be determined eligible for the program. You may fax to Workforce Solutions North Texas at (940) 723-1818. To complete by phone please contact Workforce Solutions North Texas child care staff @ 940-723-8774. Your cooperation and prompt return of this information is appreciated.

Signature of Employee Date

TO BE COMPLETED BY EMPLOYER:

Business Name: _____ **Telephone #** _____

Business Address: _____

Hire Date: _____ **Job Title:** _____

Circle how often the employee gets paid: |Weekly | Every Two Weeks | Twice Monthly | Monthly |

Please indicate the employee's work Schedule (Examples: "M-F, 8 am to 5 pm" or "11 am to 7pm-- 4 days on 2 days off" or "M-Sun Days Vary, 12 Midnight – 7 am")

Enter Work Schedule: _____

Does this schedule vary? Yes _____ No _____

Avg. # Hours Worked per Week _____ **Avg. Overtime Hours Worked per Week** _____

Hourly Rate of Pay: _____ **Hourly Rate for Overtime** _____

Weekly Avg. of Tips Earned (if applicable): _____ **Amt. of other Employment Income** (such as commission, incentive pay) _____

MUST BE SIGNED BY EMPLOYER

Person Completing This Form (Please Print) Title Phone #

Signature Date

(TO BE COMPLETED BY WORKFORCE SOLUTIONS NORTH TEXAS STAFF)

Telephone Verification Name of Employer Representative: _____

Date of Verification ___/___/___ Staff Signature: _____

Comments:

Serving the employment and training needs for:
Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger and Young counties.

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