

EMPLOYMENT VERIFICATION

1. Applicant

Applicant Name: _____ Social Security#: _____
Employer Name: _____ Phone #: _____
Address: _____ Fax #: _____

2. Employer *This Section to be Completed by Employer ONLY*

Employee name: _____ Job title: _____

Presently employed: Yes _____ Date first employed _____
No _____ Last day employment _____

Employee is paid: hourly _____ weekly _____ bi-weekly _____ monthly _____ semi-monthly _____

Average # of per week: regular _____ overtime _____ shift differential _____

Current wages/salary: \$ _____ Overtime rate: \$ _____ Shift differential rate \$ _____

Commissions, bonus, tips, other: \$ _____ Year to date earnings: \$ _____ through ___/___/___

List any anticipated change in the employee's pay rate within next 12 months: _____

If work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's printed name Date

*****EMPLOYER MUST NOT GIVE THIS FORM TO APPLICANT*****

Please Return This Form To:

**Cheshire Housing Trust
168 Castle Street
Keene, NH 03431**

Phone: (603) 357-7603
Fax: (603) 357-0406

NOTE: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willfully false statements or misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.