

**NEW DIRECTIONS PROGRAM**

## EMPLOYMENT VERIFICATION FORM

Participant Name..... Date: .....

Name of Employer: .....

Address: .....

Position Title: .....

Telephone: .....

Start Date: .....

Supervisor: .....

Job Duties: .....

(Please Check All That Are Applicable)

Full Time..... Part Time..... Other (Please Explain).....

New Position ..... Promotion ..... Rise .....

Hourly ..... Salaried ..... Commission.....

Weekly..... Bi-weekly..... Monthly..... Bi-monthly.....

Salary \$..... Hours Per Week..... Benefits? .....

Date of First Paycheck..... How was the placement made? .....

STUDENT SIGNATURE .....

**OFFICE USE ONLY**

Employment Verified By: .....

----- By Phone ..... In-Person

Date: ..... Position Title.....

Additional Comments:

.....  
.....  
.....