



Churchill County Social Services

Employment Verification Form

Date: _____

Dear Employer,

Churchill County Social Services is requesting the following employment verification information to determine eligibility for _____. Thank you for your cooperation.

Employer information

Name of business: _____

Address of business: _____

Name of manager or supervisor: _____

Phone #: _____

Signature of manager or supervisor: _____

Title: _____

Date: _____

Employee Information

Date employment began: _____ Ended _____

Job Title: _____

Hourly rate of pay: _____ Estimated hours per week: _____

Estimated gross wage: _____

Next pay day: _____

Employee Paid: Bi-weekly ___ Weekly ___ Monthly ___

Employee Signature: _____

Date: _____