

Employer Verification

Employee Name: _____

Employer (Business Name): _____

Employer Address: _____
Street Address
City
State
Zip Code

Employer Contact: _____ Phone Number: _____

Employee Job Title: _____ Start Date: _____

Current Hourly Wage: _____ Total Hours per Week: _____

Benefits Available:

Full/partial health insurance Sick leave Vacation Pension plan

Other: _____

YES NO The EC has verified the above information is correct and the individual is still working.

EC Signature: _____ Date: _____

For employer use only. Check the boxes that apply.

	Satisfactory	Needs improvement	Unsatisfactory
Punctual arrival for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency in task performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (note any concerns, additional support provided, or changes in job duties):

YES NO The Employer has verified the above information is correct and the individual is still working.

Employer Signature: _____ Date: _____