

Applicant Employment Verification Form

Section I: Applicant Information

Applicant Name:

Section II: Supervisor Information

Supervisor Name:

Organization/Dept:

Position Title:

Address:

City:

Postal Code:

Area Code + Phone Number:

Email Address:

Section III: Applicant Employment Information & Supervisor Confirmation *(to be completed by Supervisor)*

I confirm that I am/was the direct supervisor, manager, and/or employer of _____.
(enter applicant's name)

Position Title	Community Name/ Geographical Area Served	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	# of weeks/year	# of hours/week	Capacity/Type of Service

Supervisor Signature: