

Employment Verification Form

Section I: Applicant Information

Applicant Name:

Section II: Supervisor Information

Supervisor Name:

Organization/Dept:

Position Title:

Address:

City:

Province:

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	Northern Ontario Community Name	Postal Code	Year (January to December)	# total hours	Capacity/Type of Service

Please list each community on a separate line. Multiple entries per year are acceptable.

Supervisor Signature: