



EMPLOYMENT VERIFICATION FORM

Date: _____

Applicant Information

Name: _____ DOB: _____

Applicant Marital Status: Single Married Separated Divorced

Name of spouse (if applicable): _____

Employer Information

Greater Birmingham Project Access has received a program application form from the applicant above who has identified you as their employer or their spouse's employer. Your cooperation in verifying their employment status is greatly appreciated.

Company/Employer Name: _____

Company/Employer Phone: _____

This statement is to advise that Mr./Ms./Mrs. _____
is currently employed by the above in the capacity listed below:

Date of Hire: _____ Title: _____

Av. Hrs. Weekly: _____ Hourly Rate: _____ OR Weekly Pay Rate: _____

Insurance offered to this Employee: YES NO

STATE OF ALABAMA

Employer's signature: _____

Signed and sworn before me this ____ day of _____

NOTARY PUBLIC My commission expires: _____

[Notary Seal]