



**EMPLOYMENT VERIFICATION FORM/  
CARTA DE VERIFICACIÓN DE EMPLEO**

Fecha: \_\_\_\_\_

**Información del paciente**

Nombre: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Estado Civil:            Soltero            Casado            Separado            Divorciado

Nombre de cónyuge (si aplica): \_\_\_\_\_

**Employer Information**

Greater Birmingham Project Access has received a program application form 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]