EMPLOYMENT VERIFICATION

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize my employer to provide Verification of my Employment to Foundation for Rural Housing, Inc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee Date

|  |  |
| --- | --- |
| Employer Contact Person: |  |
| Email: | Phone:  |
| Mailing Address: | Fax: |
| City: | State: Zip: |

* Your Employer Does NOT need to complete this form if you have already provided your most recent paystub.

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EMPLOYER TO COMPLETE

|  |  |  |
| --- | --- | --- |
| Employment Start Date: | Position:  | Rate of Pay: |
| Avg. Monthly Gross Income (including tips): | Is this a Full Time or Part Time Position: | If seasonal; when is this expected to end? |
| How many hours per week does this employee work? | Is there opportunity for advancement? | Will there be any additional compensation we should be aware of(bonus)? |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employer Date

Return this form to: Foundation for Rural Housing

P.O. Box 314

Oregon, WI 53575

Fax: 608-238-2084 or Email: wrh2@wisconsinruralhousing.org