



**Workforce Investment Act (WIA)
EMPLOYMENT VERIFICATION FORM**

WIA PARTICIPANT'S NAME: _____ **LAST 4 SS#:** _____

CURRENT JOB TITLE: _____ **HOURLY RATE OF PAY:** _____

START DATE FOR CURRENT JOB: _____ **NUMBER OF HOURS PER WEEK:** _____

BENEFITS RECEIVED: YES _____ **NO** _____

➤ **IF "YES", CIRCLE BENEFITS RECEIVED:**

HOLIDAY PAY VACATION TIME SICK LEAVE HEALTH INSURANCE

OTHER: _____

EMPLOYER/COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____

CONTACT PHONE: _____

(SIGNATURE OF VERIFYING OFFICIAL)

(DATE OF VERIFICATION)

CAREER ADVISORS: TRAINING PROGRAM _____ **A / DW**

SCHOOL: _____ **GRADUATE / DROP / OCP**

PLEASE RETURN TO: _____