



EMPLOYMENT VERIFICATION FORM

CWEE
1175 Osage Street, Suite 300
Denver, CO 80204
p 303.892.8444
f 303.892.8375

To be completed by Employee and/or Employer. Information is used to support retention efforts.

Employee name: _____ Nickname (if applicable): _____
 Employee job title: _____
 Company name: _____ Company Phone: _____
 Is this a staffing agency? Yes No Company address: _____
 City: _____ State: _____ Zip: _____ Are you located within one mile of access to public transit? Yes No

New hire job specifics

Employment start date: _____ Frequency of Pay: Daily Weekly Bi-Weekly Monthly
 Select one: Permanent Contract Seasonal Temporary Temporary-to-Hire Internship
 If temporary, is position less than 90 days? Yes No If temporary, are wages subsidized? Yes No
 Current number of hours per week: _____ Does the position offer predictable scheduling? Yes No
 Hourly rate of pay: \$ _____ Is this a tipped position? Yes No Are there opportunities for career advancement? Yes No
 Is this position eligible for benefits within the first year of employment? Yes No
 Which of the following benefits is the employee eligible for *within the first year*?
Medical Yes No **Dental** Yes No **Vision** Yes No **Paid Time Off** Yes No **Retirement** Yes No
Transportation Yes No **Tuition Assistance** Yes No **Shift Meals** Yes No
 Other Benefits: _____

Employer's follow-up recommendation for future employment verification

Contact: HR Payroll Manager The Work Number Other: _____
 Name of contact (if applicable): _____ Title: _____
 Email: _____ Phone: _____

 Name of Employer verifying this form Title Signature of person completing this form*
 Same contact as information as above? Yes No If yes, no additional info needed.

 Contact phone number for person completing this form Date

 Contact Email for person completing this form

 Name of Supervisor (if different from person completing form) Title Contact phone number



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AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

I, _____, hereby authorize the release of my
(Print Employee Name)
employment information to the Center for Work Education and Employment and their agents, including my
employment history, wages and any information which may be requested relative to my employment, and to furnish
copies of any requested records regarding or in connection with my employment. A photocopy of this authorization
shall have the same force and effect as the original and is valid for two years from date of signature.

Sincerely,

Signature of Authorized Employee*: _____

SS# _____ Date: _____

*When submitting this form electronically, typed name on the Signature line will serve as official signature.