



Employment Verification

Employee Name		SSN		Num. Scheduled Hours Per Week
Start Date	Job Title		Hourly Wage	
Company Name				
Type of Business				
Street Address				
City		State		Zip Code
Contact Person			Contact Phone	
Will the employee's wages be reported Texas unemployment insurance?				
Will the employee be eligible to receive company sponsored benefits?				

Employer Signature

Date

Please return this form to the local Workforce Solutions Northeast Texas office.