



TOWN OF PEMBROKE
 311 PEMBROKE STREET
 PEMBROKE, NH 03275
 (603) 485-4747 X204 fax: (603) 485-3967

Welfare Department

EMPLOYMENT VERIFICATION FORM

I, _____, authorize the release of information regarding my employment to the TOWN OF PEMBROKE.

Signature: _____ Date: _____

This form is to be completed by the employer / former employer or it shall not be accepted as valid.

Name of Employee: _____ SS#: ____-____-____

Employer Name: _____

Address: _____

Phone: _____ Fax: _____

Starting Date of Employment: _____ Hourly Pay Rate: \$_____

Type of Position: Full-Time Part-Time Temporary

Please indicate time frame expected to work: _____

Frequency of Pay: Weekly Bi-weekly Other: _____

Paid By: Check Direct Deposit

Please list the last four (4) Pay Periods and Amounts of Pay:

Date: _____ Amount: \$_____

Date: _____ Amount: \$_____

Date: _____ Amount: \$_____

Date: _____ Amount: \$_____

Employment Status: Still Employed Terminated/Separated

If termination/separation, please indicate date of last employment: _____

If termination/separation, please indicate reason for termination/separation:

- Layoff Temporary Leave (Medical or other personal leave)
- Voluntary Resignation Retired
- Dismissed with Cause Other: _____

Does this employee receive any of the following through his/her employment:

- Credit Union Acct. Retirement Plan (i.e.: 401K, IRA, etc.)
- Medical Insurance Short-Term Disability
- Life Insurance Long-Term Disability
- Sick Pay Other: _____

 Authorized Company Signature Print Name

 Phone # E-mail Date