

EMPLOYMENT VERIFICATION

Employer Name: _____

Applicant Name: _____

Social Security Number: _____

Return to:

Salish & Kootenai Housing Authority
Attention: Flathead Finance Program

Thank you for your prompt response all information
is confidential

Email: _____ Fax (406) 675-4495

Please Contact: _____
at (406) 675-4491 if you have any questions.

PERMISSION FOR RELEASE OF INFORMATION

You do not have to sign this form if either the requesting organization or the organization apply the information is left blank.
RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed __ Yes __ No Date of first employment: _____ Last Day of Employment _____

CURRENT Wages/Salary: \$ _____ (circle one) Hourly, Weekly, Bi-weekly, Semi-monthly, Monthly, Yearly

Average # of hours per week _____ Year to date earning: \$ _____ through ____/____/____

Overtime Rate \$ ____ per hour Average # of overtime hours per week _____

Shift Differential Rate: \$ ____ per hour Average of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) Hourly, Weekly, Bi-weekly, Semi-monthly, Monthly, Yearly

List any anticipated change in the employee's rate of pay within the next 12 months _____:

Effective Date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer (Company) Name and Address

Telephone Number

Fax Number

Email Address