

, TEXAS  
Tel: Fax:

# EMPLOYMENT VERIFICATION FORM

DATE: \_\_\_\_\_

THIS IS TO VERIFY THAT \_\_\_\_\_  
IS EMPLOYED BY ME AS A \_\_\_\_\_.  
HE/SHE EARNS \$ \_\_\_\_\_ PER \_\_\_\_\_ AND WORKS APPROXIMATELY \_\_\_\_\_  
HOURS PER WEEK.

SIGNATURE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_