



# Employment Verification Form

***Please tell us when you find a job!!***

When you find a job, please complete this form and:

- Drop this form off at The Work Place ~or~
- Fax it to 617-428-0380 ~or~
- Mail it:  
The Work Place  
29 Winter Street, 4<sup>th</sup> floor  
Boston, MA 02108

***Thank you!***

---

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

SS# \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Start Date \_\_\_\_\_ Hours per Week \_\_\_\_\_ Salary \_\_\_\_\_

Benefits \_\_\_\_\_

Job Title \_\_\_\_\_