



VERIFICATION OF EMPLOYMENT FORM

TO BE COMPLETED BY EMPLOYER (APPLICANT: SUBMIT WITH APPLICATION ONE FORM FOR EACH EMPLOYED ADULT SIGNED AND DATED ONLY. DO NOT SUBMIT TO YOUR EMPLOYER!)

Employee Name: \_\_\_\_\_ Date of hire: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Date of last increase: \_\_\_\_\_

Base pay rate: \$\_\_\_\_\_/Hour; or \$\_\_\_\_\_/Week; or \$\_\_\_\_\_/Month Overtime pay rate: \$\_\_\_\_\_/Hour

Average hours/week at base pay rate: \_\_\_\_\_ Hours No. weeks \_\_\_\_\_, or No. weeks \_\_\_\_\_ worked/Year

Expected average number of hours overtime worked per week during next 12 months \_\_\_\_\_

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: \_\_\_\_\_ \$\_\_\_\_\_ per \_\_\_\_\_

Is pay received for vacation? Yes\_\_\_\_ No\_\_\_\_

If Yes, no. of days per year \_\_\_\_\_

Total base pay earnings for past 12 mos. \$\_\_\_\_\_

Total overtime earnings for past 12 mos. \$\_\_\_\_\_

Probability and expected date of any pay increase: \_\_\_\_\_ Does

the employee have access to a

retirement account? Yes\_\_\_\_ No\_\_\_\_

If Yes, what amount can they get access to: \$\_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

Please return the form to:
Housing Network of Rhode Island, 1070 Main Street, Pawtucket, RI 02860
or email nbarros@housingnetworkri.org

RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

SIGNATURE OF APPLICANT \_\_\_\_\_

Date: \_\_\_\_\_

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT