

Family Service
3927 1st Ave S, Billings MT 59103
PO Box 1020 Billings MT 59103
406-259-2269

Employment Verification Form

Must be completed by Authorized Employer Representative ONLY (Please print clearly)

Name of Employee: _____

Name of Employer (Company): _____

Name of Authorized Employer Representative: _____

Title of Authorized Employer Representative: _____

Employer Address: _____

Employer Phone: _____

Date Hired: _____ Does this employee ever work Over Time (Y/N): _____

Hourly wage: \$ _____ Hours per week: \$ _____

Date of Last pay check: _____ Date of next pay check: _____

Signature of Authorized Employer Representative

Date

I, _____, give permission for my employer to release this information to Family Service.

Employee Signature

Date

This sheet needs to be filled out and the last 2 months of paystubs must be attached when meeting with a Family Service Program Manager.