



CCS Employment Verification To Be Completed By Employer

Client must sign bottom of form giving permission to release this information.

Employee Name (as shown on your records)				
Employee Address (as shown on your records)				
Is (or was) this person employed by you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type of job?		Full <input type="checkbox"/> Time Part <input type="checkbox"/> Time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
Rate of Pay \$ _____ per _____		How often paid? <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice-A-Month <input type="checkbox"/> Monthly		Average Hrs. per Pay Period
Commissions/Tips/ Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____		Overtime Pay <input type="checkbox"/> Frequently <input type="checkbox"/> Rarely <input type="checkbox"/> Never Amount: _____		Work Schedule <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Hours Worked (EXAMPLE 8A-5P)
Date Hired	Date First Check Received	Average Hours per Week	If Employee is/was on Leave With / Without pay:	Start Date End Date
Do you expect any changes to the above Information within the next few months? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain:	
DATE PAY PERIOD ENDED	DATE EMPLOYEE RECEIVED PAYCHECK	ACTUAL HOURS	GROSS PAY	OTHER PAY* <small>(TIPS, COMMISSIONS, BONUSES)</small>

* Please explain (in comments section below) when and how often tips, commissions, or bonuses are received.

IF THIS PERSON IS NO LONGER EMPLOYED:

Date Separated	Date Final Check Received	Gross Amount of Final Check \$ _____
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Comments:

Company or Employer	Address (Street, City, State, ZIP)
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This information is true and correct to the best of my knowledge and belief.

Title	Telephone No.
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Signature of authorized personnel verifying this information Date

Print name of authorized personnel verifying this information

I, Yo, _____	give my permission to release the information requested on this form. doy mi permiso para que mi empleador de la informacion que se pide en esta forma.
_____ Signature/ Firma	_____ Date/Fecha

