



Alameda County Pilot Program Employment Verification Form

(01/01/18)

Name of Employee _____ Employee ID #: _____
 Name of Business/Company _____ Business/Company Phone # _____
 Business/Company Address _____ City/State/Zip: _____

MY SIGNATURE AUTHORIZES MY EMPLOYER TO RELEASE THE INFORMATION REQUESTED BELOW.

Applicant Signature: _____ Date: _____

RETURN TO THE ATTENTION OF:

Agency Staff Name

Agency Contact Number

SEND BY:

Fax: _____

Agency Fax #

OR

Scan &

Email: _____

Agency Email Address

TO BE COMPLETED OR PROVIDED BY EMPLOYER

Hire Date: _____ Job Title: _____

Description of work: _____

Usual Business Hours: _____

Actual Worksite Location if different from the above address:

Address: _____	City/State/Zip: _____	Phone #: _____
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Type of Schedule: SET VARIABLE ON-CALL

Work Schedule: If **SET** schedule, please provide start & end time per day. (example: 8am-5pm)

	SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Work Schedule	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

Work Schedule: If schedule is **VARIABLE**, please mark all possible days of work.

SUN MON TUES WED THUR FRI SAT

Total number of hours per week: _____

Earliest work start time: _____	AND	Latest work end time: _____
Minimum hours a day: _____	AND	Maximum hours a day: _____
Minimum days per week: _____	AND	Maximum days per week: _____

Salary Information:

Pay Rate: _____ per HOUR DAY WEEK MONTH

Pay Type: COMPANY CHECK PERSONAL CHECK CASH OTHER _____

Employer is withholding Taxes: YES NO

Pay Period: WEEKLY BI-WEEKLY BI-MONTHLY MONTHLY

Will this employee get overtime? YES NO If "yes," how often is the overtime? _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATED INFORMATION IS TRUE AND ACCURATE.

EMPLOYER NAME AND TITLE

EMPLOYER SIGNATURE

EMAIL

CONTACT PHONE NUMBER

DATE

STAFF USE ONLY (see Title 5, § 18086)

Verification: Date: _____ Time: _____

Name and Title of employer representative: _____

Comments/Notes: _____

Staff name: _____ **Staff signature:** _____