



Employer's Certification of Employment

Name of Applicant _____

Name of Employer _____ Employer's Phone Number _____

Employer's Address _____

My signature authorizes the release of information requested below.

Applicant Signature _____ Date _____

To Be Completed By Employer Only

Hire Date: _____ Return Effective Date: _____ Change Effective Date: _____

Full Time Part Time Type of Schedule: Set Variable On-Call
Hours per week: Min. Hrs/week _____ Max Hrs/week _____

Work Schedule (please identify):

| Day of the Week | SUN | MON | TUES | WED | THURS | FRI | SAT |
|-----------------|-----|-----|------|-----|-------|-----|-----|
| From | | | | | | | |
| To | | | | | | | |

Description of Work: _____

Pay Period (please check): Hourly Weekly Bi-Weekly Bi-Monthly Monthly

Gross Monthly Earnings: _____ Cash and/ or Check

I certify under penalty of perjury that the above stated information is true and accurate.

Employer Name: _____ Signature: _____ Date: _____

CFC OFFICE USE ONLY: Pay Rate: _____ Schedule: _____ Other: _____

Telephone Verification: Date: _____ Time: _____ AM/PM

Name and Title of employer representative who confirmed information: _____

Comments: _____

CFC Employee: _____ CFC Employee Signature: _____
(Print Name)