



HCAP #: _____

Employer Verification Form

Please have this form completed and signed by your employer

Employee Name: _____

Hire Date: ____/____/____

End Date (if applicable): ____/____/____

Type of Job: [] Full time [] Part time [] Permanent [] Temporary

Rate of Pay: [] Hourly [] Salary [] Commission [] Other _____ Pay Amount \$ _____

Pay Period: [] Daily [] Weekly [] Bi-weekly [] Bi-monthly [] Monthly [] Other _____

Payment Method: [] Direct Deposit [] Paper Check [] Payroll Card [] Other _____

Please check all that apply:

- [] Insurance offered by company If yes, when do they become eligible? _____
[] Insurance not offered by company
[] Insurance accepted by employee
[] Insurance declined by employee

Please use chart below to list all wages received by this employee for the last four (4) consecutive pay periods:

Table with 5 columns: Date Employee Received Payment, Actual Hours, Gross Pay, Tips/Commission, EITC Advance

Company Name: _____

Supervisor Name: _____

Company Address: _____

Telephone: _____

Supervisor Signature: _____

Date: _____