

FIT/NWPEP Employment Verification Request Form

Name: _____ Date: _____

Employer's Name: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Hire: _____

Type of Business: _____

Position: _____ Hours per week: _____

1. How much do you make? _____ Per/ Hour Week Month
 Other (explain): _____

2. Do you receive commission or tips? Yes (*provide information below*) No
Approximately how much do you make from commission/tips per month? _____

3. Is your job related to your vocational goal? Yes (*go to 3a*) No (*go to 3b*)
3a. How would you rate the training you received for this position?

(Poor) 1 2 3 4 (Excellent)

3b. Will your current position lead to a position in your chosen vocational field? Yes No

3.b1. If not, are you continuing to search for a job in your field? Yes No

4. Are you eligible for health benefits? Yes No

5. Are there opportunities for advancement? Yes No

6. How satisfied are you with your current job?

(Unsatisfied) 1 2 3 4 (Very satisfied)