



West Virginia Department of Health and Human Resources
New Employment Verification



This form is to verify new employment situations in which the applicant has not yet received pay and is unable to provide pay stubs as proof of employment. Once the applicant has received one month's worth of pay stubs, copies must be given to the agency.

	Name	Phone Number
Applicant/Employee:		
Employer/ Company Name:		

I hereby request that my employment information be released to: _____
I understand that this information will be kept confidential and will be used for program purposes only.

Signature of Applicant: _____ Date: ___/___/___

This Section to Be Completed By the Employer
The following information is needed regarding the applicant's employment:

1. Business Hours of Operation: _____ to _____ **Business Days of Operation** _____ to _____

2. Employee's Hire Date: ___/___/___ **Position:** _____

3. Rate of Pay: Hourly Employee, Rate of Pay per Hour \$ _____
 Salary Employee, Yearly Salary \$ _____
 Other (piecework, commission only, etc.) \$ _____

4. Frequency of Pay:
 Every Week Every Other Week Twice a month Once per month Other (please specify): _____

5. Additional Compensation (please check all that apply and list the average amount received per pay period):
 Commission _____ Tips _____ Incentive Pay _____ Bonuses _____
 Overtime _____ Other _____ No Additional Compensation Given

6. Number of Hours Worked per Week: _____ **Number of Hours worked per day:** _____

7. Work Schedule: (please check all that apply)
 Employee works overnights Employee works evenings On Call Employee
 Employee's schedule varies Employee works a regularly scheduled shift from _____ to _____
Possible Work Shifts: _____

8. Please check all days that the employee could be expected to work:
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Employer Signature: _____ Date: ___/___/___
Name/Title