



SCHA VERIFICATION OF EMPLOYMENT

Applicant Name: _____

Please return the completed form to the above Applicant

Employer Information

Employer Name: _____

Employer Address: _____

Employer Email: _____ Employer Phone: _____

Hour Information

Date of Hire: _____ Position: _____

Is this position (check one): Full-Time Year Round Part-Time Year Round
 Full-Time Seasonal Part-Time Seasonal

Regular Hours per Week: _____ Overtime Hours per Week: _____
Please enter the hours for both hourly and salaried employees.

Seasonal Employees (Dates should be estimated based on best information available if not known):

Current/Next Season Start Date (MM/DD/YYYY): _____

Current/Next Season End Date (MM/DD/YYYY): _____

Applicant Name: _____

Additional Employer Comments: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Employer Representative

Date

Printed Name, Title

Email

Phone