



On behalf of the jurisdictions of: Town of Breckenridge, Town of Silverthorne, Town of Frisco, Town of Dillon, & Summit County.

VERIFICATION OF EMPLOYMENT

Employee Name: _____

Consent to Release Information: My signature below authorizes release of my employment information.
Applicants must sign and date below before submitting this form to their human resources department or manager.

Applicant Signature

Date

The above-named individual is participating in a housing program that requires verification of employment. The individual has signed the above release giving you permission to supply this information. The information provided will remain confidential.

Please return the completed form to the above employee

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): _____

Physical Address of Employment: _____
(Specifically, this is where employee reports to work/conducts duties) _____



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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