



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.

Table with 3 columns: Name, Phone Number, and rows for Applicant/Employee and Employer/Company Name.

I hereby request that my employment information be released to: CCRC
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