



EMPLOYMENT VERIFICATION

To Be Completed By Employer

Name of Employee: \_\_\_\_\_

Place of Employment (i.e. name of company): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date (if applicable): \_\_\_\_\_

Is employee returning from a leave (i.e. maternity) \_\_\_Yes \_\_\_No

If so, date of scheduled return from leave: \_\_\_\_\_

Minimum to maximum work hours: \_\_\_\_\_to\_\_\_\_\_ Weekly\_\_\_ Bi-Weekly\_\_\_

Possible work days in the week: M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_ Sat\_\_\_ Sun\_\_\_

Hourly wage: \_\_\_\_\_

Are deductions taken off gross pay? (i.e. CPP, EI, Income Tax, etc.) Y\_\_\_ N \_\_\_

Shifts (actual shifts or possible shifts that could be worked / i.e.9-5/4-8/1-9):

\_\_\_\_\_  
\_\_\_\_\_

Is overtime or are additional shifts a possibility? Y \_\_\_ N \_\_\_

Signature: \_\_\_\_\_

Title (Owner/Manager/Supervisor): \_\_\_\_\_

Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_