



QUALITY EMPLOYMENT THROUGH SKILLS TRAINING
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Employment Verification Sheet

(PLEASE ANSWER EVERY QUESTION)

DATE: _____

PARTICIPANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ MESSAGE PHONE: _____

EMAIL: _____

JP TRAINING PROGRAM: _____ GRADUATION DATE: _____

EMPLOYER'S NAME: _____

ADDRESS: _____ PHONE NUMBER _____

CITY: _____ STATE: _____ ZIP: _____

WHAT IS YOUR JOB TITLE? _____

HOW LONG EMPLOYED? _____ STARTING DATE: _____

SUPERVISOR'S NAME: _____

_____ FULL-TIME _____ PART-TIME _____ PER DIEM

NUMBER OF HOURS WORKED EACH WEEK? _____ WHAT SHIFT? _____

YEARLY SALARY \$ _____ HOURLY WAGE \$ _____

DO YOU HAVE A SHIFT DIFFERENTIAL? IF SO, HOW MUCH? \$ _____

DO YOU RECEIVE MEDICAL BENEFITS? YES _____ NO _____

OTHER BENEFITS? YES _____ NO _____

ARE YOU WORKING IN THE FIELD YOU WERE TRAINED IN? YES _____ NO _____

TO WORK IN YOUR FIELD DID YOU NEED TO PASS A CERTIFICATION TEST? YES NO

HAVE YOU BEEN ABLE TO TAKE THE TEST? YES _____ NO _____

HAVE YOU RECEIVED YOUR CERTIFICATION? YES _____ NO _____

SIGNATURE

DATE