



SPOKANE TRIBAL 477

VERIFICATION OF EMPLOYMENT

Wellpinit Office: 6195 Ford Wellpinit Rd, Wellpinit, WA. 99040 Phone: (509) 458-8000 Fax: (509) 458-817	Spokane Office: 232 E. Lyons Ave. Spokane, WA. 99208 Phone: (509) 533-1360 Fax: (509) 533-0699
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EMPLOYEE INFORMATION

***Must be completed and signed by client**

First Name	MI	Last Name	
Address	City	State	Zip Code
Social Security Number	Date of Birth	Phone Number	
I certify that all information I provided is true and correct. I also give permission to my employer to release all of my employment information to the Spokane Tribal 477 Program in order to determine eligibility for assistance.			
Signature	Date	Return to (Site):	Return to (Staff):

EMPLOYER INFORMATION

***Must be completed by authorized staff of employer**

Employer/Company Name	Phone Number	Fax Number					
Mailing Address	City	State	Zip Code				
Physical Address	City	State	Zip Code				
Immediate Supervisor	Supervisor's Job Title						
Applicant's Job Title	Starting Date	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Hours Per Week Per Days Per Week				
Hourly Salary	Bi-Weekly Salary	Monthly Salary	Date 1 st Paycheck Date 1 st Full Paycheck				
Work Days (Circle)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- Yes No
- Is this a seasonal/temporary job? If Yes, what is the scheduled End Date? _____
- Is this a permanent job? If No, please describe _____
- Do you require special work clothes? If Yes, list type of clothes _____
- _____
- Do you require special tools? If Yes, list type of tools _____
- _____

CERTIFICATION

I certify that the information in this form is accurate and true.

Employer Signature

Date