



### Client Employment Verification

1. Employee's Name: \_\_\_\_\_
2. Employer's Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Employer's Phone Number: \_\_\_\_\_
4. Manager/Supervisor: \_\_\_\_\_
5. Hire Date: \_\_\_\_\_
6. Employee's Position: \_\_\_\_\_
7. Pay Schedule: (circle one)      **Weekly**      **2X Month**      **Every Other Week**      **Monthly**
8. Work Schedule: \_\_\_\_\_  

(example Mon-Fri 7:30-7:30)
9. Hours worked per week: \_\_\_\_\_

I certify that the preceding information is true and correct:

Employer's Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions regarding the documentation, please contact the Modoc Nation CCDF Program at (918) 542-7890.

**NOTE: Submit one form for each adult household member and each employer. Please ask for more copies if needed.**