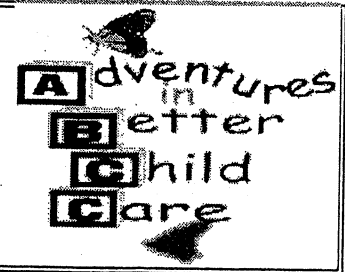


West Virginia Department of Health and Human Resources
New Employment Verification



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.

Applicant/Employee Name: Address: Phone: Employer/Company Name: Employer Address: Phone Number:

I hereby request that my employment information be released to:

Choices CCR&R
4421 Emerson Ave., Suite 102
Parkersburg, WV 26104

I understand that this information will be kept confidential and will be used for program Parkersburg...

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) The Employee works overnights The Employee works evenings On Call Employee The Employee's schedule varies The 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