



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.**

	Name	Phone Number
<b>Applicant/Employee:</b>		
<b>Employer/ Company Name:</b>		

I hereby request that my employment information be released to: \_\_\_\_\_  
I understand that this information will be kept confidential and will be used for program purposes only.

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