CareerSource BROWARD Employment Verification Form In order to help verify employment of our customers, please assist us by completing the following information below.					
	Employ	yer Information			
Company Name					
Street Address					
City, State, and Zip					
Contact Name		Title			
Telephone		Email			
Signature		Date			
	Employ	ee Information			
Employee Name		Last 4 SSN			
Hire Date		Position			
Current Salary		Per: 🛛 Hour 🖾 Week 🖓 Bi-weekly 🖾 Month 🖓 Year			
Hours per Week		If no longer employe	ed, end date		
	Enter Hours Worked fro	m last 4 pay periods	(if applicable)		
Date Pay Period Ending	Pay Date Received	Hours Worked	Gross Earnings (including overtime)	Net Pay	
			11		
	Please return thi	s form by fax	or email to:		
□ North Career Center □ Cent		l Career Center	□ South Ca	areer Center	
Fax: 954-727-7040		Fax: 954-677-5743		Fax: 954-893-5168	
NorthTeam@careersourcebrov	vard.com CentralTeam	@careersourcebroward	.com SouthTeam@ca	reersourcebroward.con	
	*This section is for Ca	reerSource Browar	rd staff only*		
Staff Name		Date Verified			
Job Tracking Start Date:					
An equal opportunity emplo	oyer/program. Auxiliary aids and servic	res are available upon request	to individuals with disabilities All	voice telephone	