Statement of Employment Verification

Employer / Company
*** Enter your company and contact information here

Employee Name

Start Date	End Date

Status	Yes	No
Presently employed by our company	☐	☐
Formerly employed by our company	☐	☐
Was or is a Full-Time employee	☐	☐
Was or is a Part-Time employee	☐	☐
Was or is a Temp/o		
Was or is acting as		

Comments
*** Enter any comments or notes