

**Statement of Employment Verification**

| Employer / Company                                  |                          |                          | Employee Name                                                 |          |
|-----------------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------|----------|
| *** Enter your company and contact information here |                          |                          |                                                               |          |
|                                                     |                          |                          |                                                               |          |
|                                                     |                          |                          | Start Date                                                    | End Date |
|                                                     |                          |                          |                                                               |          |
| Status                                              | Yes                      | No                       | Comments                                                      |          |
| Presently employed by our company                   | <input type="checkbox"/> | <input type="checkbox"/> | *** Enter any comments or notes regarding this employee here. |          |
| Formerly employed by our company                    | <input type="checkbox"/> | <input type="checkbox"/> |                                                               |          |
| Was or is a Full-Time employee                      | <input type="checkbox"/> | <input type="checkbox"/> |                                                               |          |
| Was or is a Part-Time employee                      | <input type="checkbox"/> | <input type="checkbox"/> |                                                               |          |
| Was or is a Temp                                    | <input type="checkbox"/> | <input type="checkbox"/> |                                                               |          |
| Was or is acting as                                 |                          |                          |                                                               |          |



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