



**COUNTY OF HIDALGO COMMUNITY SERVICE AGENCY
2524 N. CLOSNER BLVD, EDINBURG TX. 78540
EMPLOYMENT VERIFICATION FORM/ VERIFICACION DE EMPLEO**

I, _____ give my permission to release the information requested on this form.

Yo, _____ doy mi permiso que se de la information que se pide en esta forma.

Signature/Firma Date/Fecha

Employee name:				
Employee Address-Street, City, State, Zip Code (as shown on your records)				
Is/ Was this person employed: Full Time: ____ Part Time: ____ Permanent: ____ Temporary: ____				
Date Hired:	Date first check received:	Average Hour per week:	Rate of pay:	How often Paid

On the chart below, list all wages received by this employee during: _____

Date pay period ended:	Pay check date:	Actual Hours:	Gross Pay:	Other pay (tips, commission, bonus)

If this person is no longer your employee:

Date Separated:	Reason for separation:	Date of final check:	Gross amount of final check:
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Comments: _____

Company or Employer: _____ Address: _____

This information is true and correct to the best of my knowledge and belief.

Signature-person verifying this information Date PRINT NAME Telephone No.