



Employment Verification of Occupational Experience for Vocational Employees

Provide the information requested below to confirm the vocational work experience for the employee named below. This form must be signed and notarized before submitting, within 90 work days of the employees hire date, to Compensation & Employee Information Services , 3300 Forest Hill Blvd., Suite A-115, West Palm Beach, Florida 33406.

SECTION I - COMPLETED BY EMPLOYEE

Employee First Name	M.I.	Current Last Name/Last Name at Time of Employment	Last 4 digits Social Security # (optional)
Position/Job Title		Employee's Hire Date	

SECTION II - COMPLETED BY EMPLOYER

Employment Information

Dates of employment: From _____ To _____ I am unable to verify dates of employment because (explain): _____

Employee status: Full-Time Part-Time * Both * Average # part-time hours worked per week _____

Use space below to show breaks in service with same company or if periods of employment were both full and part-time.

The employee's responsibilities include(d): _____

Rate degree of employee's work success, one (1) through five (5) [1 = low; 5 = high] _____

Firm or Organization Information

Name of Firm or Organization _____

Address _____ Telephone _____

Type of employment: Self Employment Family-owned Business Firm no longer in business NA

Employer Name _____ Official Position _____

Signature of Employer

Date

NOTARY

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____ (year)

by _____ personally known _____ OR produced identification _____.

Type of identification produced _____

Affix Notary seal

Signature of Notary Public

Date