

Workforce Innovation and Opportunity Act
Telephone Verification Form for Entry into Unsubsidized Employment

IDENTIFYING INFORMATION

Applicant's Name: _____
Last First MI
WIOA Program: _____ Date: _____

WIOA Employment Verification

Employer Name: _____
Employer Address: _____
Employer Contact Name and Job Title: _____
Employer Contact Phone Number: _____
Participant Job Title: _____
Is this a green job (Yes/No): _____
Hours Worked per Week: _____
Participant Hourly Wage: _____
Job Start Date: _____
Job Duties: _____
Receiving Fringe Benefits (Yes/No): _____
Job Covered by Unemployment Compensation (Yes/No): _____
Is this Entrepreneurial and/or Self-Employment (Yes/No): _____
Is this a Registered Apprenticeship (Yes/No): _____
Is this Active Military Service (Yes/No): _____
Is this considered Non-Traditional Employment (Yes/No): _____
Is this considered Training-Related Employment (Yes/No): _____

ATTESTATION: I attest that the information recorded above on this document was obtained through a telephone contact with the above verifying agency staff.

Staff Signature

Date

NOTE: This form is to be retained in the participant's file.