

Northland Village: 1721 Northland Park Ave  
 West COC: 314 N. Wilson Rd.  
 East COC: 1055 Mt. Vernon Ave.  
 (614) 233-2000 FAX (614) 233-2398



**Franklin County**  
 Department of Job & Family Services  
**Employment Verification Form**

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

- This information will be used for:
- OWF (ADC)
  - Medicaid
  - Disability Assistance
  - Food Stamps
  - Child Care
  - Other: \_\_\_\_\_

I agree that the company/person listed above may complete this form and return it to Franklin County Department of Job and Family Services. I am aware of my responsibilities to report completely and fully all acts which bear upon my eligibility for all public assistance. I realize that if the requested information reveals that I have improperly reported my situation, the information may be given to the prosecuting attorney for possible civil action or criminal prosecution.

Signature of Applicant/Recipient \_\_\_\_\_ Date \_\_\_\_\_

Prompt completion and return of this form will aid both our agency and the client in the completion of this case. If you are returning the verification by mail, please use the agency envelope provided and return it within ten working days. Thank you for your cooperation concerning this matter.

Company Name \_\_\_\_\_ Federal ID Tax Number \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 Starting date of employment \_\_\_\_\_ Rate of pay \_\_\_\_\_  
 How often employee is paid: \_\_\_\_\_ Day of week paid \_\_\_\_\_  
 Number of hours contracted to work a week: \_\_\_\_\_

		HOURS SCHEDULED TO WORK						
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Beginning								
Ending								

Gross earnings for the last four pay periods:

Pay received date	No. Hours Worked	Gross + Tips	Deductions

If employment has ended, date employment ended \_\_\_\_\_  
 Date of last check and gross amount of that check \_\_\_\_\_  
 Please indicate why employment was ended if applicable....

\_\_\_\_\_  
 Employer's Signature and Title

\_\_\_\_\_  
 Employer's Phone Number

For Office Use Only			
Name of FCDJFS Representative	Unique Identifier	Phone	Fax
Case Number	Date	Recipient	SS#