



Kawerak, Inc. Education, Employment & Supportive Services Division

Tribal Welfare Assistance Department

P.O. Box 948, Nome, AK 99762 ♦ Toll Free: 1-800-478-5230 ♦ Phone: 907-443-4370 or 907-443-4367

Fax: 907-308-6934 ♦ Email: welfare@kawerak.org ♦ Website: www.kawerak.org

Employment Verification

Employee Name: _____
(First) (Middle) (Last) (Also Known As or Maiden name)

Employer – please complete the following information.

Employee's Job Title: _____

Hourly Wage: \$ _____ Hours Per Week: _____

Date of first paycheck: _____ Date of first full paycheck: _____

Amount of first paycheck: _____ Amount of first full paycheck: _____

This job is: Part Time Full Time On Call Seasonal – Start Date _____ End Date _____

Is the employee listed above still currently employed with you? Yes No - Date of final paycheck: _____

If not, how did this person's employment end? Resigned Job Ended Terminated Other: _____

Comments:

If employment ended, is this person eligible for rehire? Yes No N/A

Supervisor's Name (please print): _____

Supervisor's Job Title: _____ Phone: _____

Employer or Company Name: _____

Mailing Address: _____
P.O. Box or Street City/State Zip

Employer's Signature _____ Date _____