

CONFIRMATION OF EMPLOYMENT

TO BE FILLED OUT BY EMPLOYER

Employee name: _____

Company/Business/Employer: _____

Contact person: _____

Address: _____

Phone #: _____ Cell #: _____ Fax #: _____

Position/type of job: _____

Employment start date: _____

Starting hourly wage: _____

Is employment? Full time Part time Seasonal Casual Contract

If part time or casual, how many hours are available per week? : _____

Date of first pay: _____

Do you hold back pay, if so for how long? (Ex: one week): _____

Is specialized work equipment needed? : Yes: No:

If yes, please provide details of what is required for employment:

Employer signature: _____

Date: _____