

## **Employment Verification**

<b>Chris Pisani</b> Acting Executive Director	Employee Name: Employer's Name: Employer's Address:				
Nick Lombardi Chairman					
Robert G. Wiedenmann					
Vice Chairman Frank Stellato Commissioner	Employer's Phone#:		Fax#:		
Shelby P. Jackson III Commissioner	Contact Person's Name:				
Barbara Geary Tenant Commissioner			Presently Employed		
	Las	t Day of Employme	nt:		
		Hourly Rate:	:		
	Average Hours of Work pe	er week:			
			Pay Frequency: (Circle One)		
	Weekly	<b>Bi-Weekly</b>	<u>Monthly</u>	<u>Per Diem</u>	
If	per Diem Average of Hours	worker during the l	last 30 Days		
		(Must be s	igned by the employer	) Title and Name	
_		_			
	Signature			Date	

Warning: Title 18, Section 101 of the US Code, States that a person is guilty of a felony for knowingly and willingly making false or Fraudulent statements to any department of the agency of the United States.