



United Way of  
McMinn & Meigs Counties

# EMPLOYER VERIFICATION FORM

THIS FORM MUST BE COMPLETED ONLY FOR ALL HOUSEHOLD MEMBERS 18 AND OLDER WHO ARE CURRENTLY EMPLOYED OR HAD EMPLOYMENT AFFECTED BY COVID-19. THOSE APPLICANTS WITH MULTIPLE JOBS SHOULD ONE FORM PER EMPLOYER. ALL REQUIRED FORMS MUST BE TURNED IN WITH THE COMPLETED APPLICATION IN ORDER FOR THE APPLICATION TO BE CONSIDERED FOR ASSISTANCE.

**THIS SECTION TO BE COMPLETED BY THE APPLICANT/HOUSEHOLD MEMBER**

TO (NAME OF EMPLOYER/COMPANY): \_\_\_\_\_

REGARDING (APPLICANT/HOUSEHOLD MEMBER NAME): \_\_\_\_\_

By my signature below, I authorize the release of my employment information to United Way.

\_\_\_\_\_  
Signature of Applicant/Household Member

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY THE EMPLOYER** (In any non-applicable blank write N/A)

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date First Hired: \_\_\_/\_\_\_/\_\_\_ Presently Employed: YES / NO Last Day of Employment: \_\_\_/\_\_\_/\_\_\_

Current Wage/Salary or Ending Wage/Salary: \$\_\_\_\_\_ Overtime/Tips/Commissions: \$\_\_\_\_\_  
Above is Paid:  Hourly  Weekly  Bi-Weekly  Monthly  Other: \_\_\_\_\_

Regular Hours Avg. Per Week: \_\_\_\_\_ YTD Earnings: \$\_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Since January 1, 2020, Have This Employee's Hours/Job Been Affected By COVID-19?  YES  NO

If Yes, Please Explain How In Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Furloughed/Laid Off, When Will Employee Return To Regular Employment: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer/Company Rep. Signature

\_\_\_\_\_  
Employer/Company Rep. Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Company Name & Address

\_\_\_\_\_  
Employer Phone

\_\_\_\_\_  
Employer Fax

\_\_\_\_\_  
Employer Email