

Placement Information - Wage Verification Form

▶ Social Security Number _____ - _____ - _____

▶ First Name _____ ▶ Middle Initial _____ ▶ Last Name _____

EMPLOYER INFORMATION

▶ Company Name _____

▶ Address _____

▶ City _____ ▶ State _____ ▶ Zip _____

▶ Company Phone (_____) _____ - _____

▶ What does Company Do? _____

EMPLOYMENT INFORMATION

▶ What is your Job Title? _____

▶ Employment Start Date (mm/dd/yy): ____/____/____

▶ Starting Salary: \$ _____

▶ Hours Worked per Week: _____

▶ Benefits: _____

▶ Training Related? Yes No Not Applicable

SOURCE OF INFORMATION

▶ CLIENT _____

▶ EMPLOYER _____

▶ TRAINING VENDOR _____

COMPLETION

CAREER SPECIALIST _____ DATE _____

EXIT SURVEY CONDUCTED? Yes No

KEYED INTO MOSES? Yes No