

**Town of Farmington, NH**

*Terri Magoon  
Welfare Director*

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**EMPLOYMENT VERIFICATION FORM**

I, \_\_\_\_\_, authorize the release of information regarding my employment to the Town of Farmington, New Hampshire.

Signature of Employee: \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Employee: (print) \_\_\_\_\_

**This form must be completed by the employer/former employer in order to be valid documentation for the purpose of administration of municipal assistance.**

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

**Address** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Date of Hire** \_\_\_\_\_ **Date starting/started work** \_\_\_\_\_ **Hourly Pay Rate \$** \_\_\_\_\_

**Full/part time** \_\_\_\_\_ **Hours per week** \_\_\_\_\_ **Paid**  weekly  biweekly  other \_\_\_\_\_

**Pay Period Ending**    **Actual Date of Payment**    **Gross Pay**    **Net Pay**    **Check/Direct Deposit**

<b>Pay Period Ending</b>	<b>Actual Date of Payment</b>	<b>Gross Pay</b>	<b>Net Pay</b>	<b>Check/Direct Deposit</b>

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**If** \_\_\_\_\_ **is no longer employed by your company:**

**Date of termination/separation** \_\_\_\_\_ **Date/net amount of last paycheck** \_\_\_\_\_

**Reason for termination/separation** \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature and Title

\_\_\_\_\_  
Date

**Print Name:** \_\_\_\_\_ **Phone # or Email:** \_\_\_\_\_