



AFFIDAVIT FOR PURPOSES OF VERIFICATION OF EMPLOYMENT

I, _____ with SSN or Employee ID _____ being of full age, and being duly sworn according to law, upon my oath, state the following:

1. I declare that I was employed by the following company:

_____.

2. I declare this employment began on _____ and ended on _____.
MM/DD/YEAR MM/DD/YEAR

3. I declare this employment was on a _____ basis working _____ hours per week.
FULL-TIME / PART-TIME

4. I declare the position title was _____ and the major responsibilities included _____.

5. I declare that I held the following certificates, licenses or other certification during this employment: _____. *For driving positions only:* I declare that a CDL license _____ required.
WAS / WAS NOT

6. I declare that I _____ under contract during this employment.
WAS / WAS NOT

7. I am unable to verify this period of employment using the Verification of Work Experience form because:

_____ The company is out of business.
_____ The company uses a verification service to verify previous employment.
Note: *Must be accompanied by a letter on company letterhead stating that they use a verification service for employment verification.*
_____ I was self-employed and this is the most appropriate way to verify my employment.
_____ Contact with my previous employer is not possible for the following reason:

Other - please explain: _____

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Signature

Date

Address

To be completed by Notary:

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Signature