



Shingle Springs Tribal TANF Program Employment Verification

Date: _____

Employee Name: _____

Company Name: _____

Official Start Date: _____ Number of hours scheduled: _____

Type of employment: Full time Part time Temporary

Amount of salary: \$ Per ☐ Week ☐ Month ☐ Season ☐ Year

Please list below any special tools or equipment needed for this position

Please complete the following if employment has been terminated:

Reason: _____

Employer Signature

Date

Position

Contact Phone Number