



Cherokee Indian Housing Division

Employment Verification Form



1. Employee Name

First Name

Middle Name

Last Name

2. Date of Birth:

MM

DD

YY

3. Phone Number(s)

Home

#

Cell

#

THIS IS SECTION TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR, MANAGER, OR H.R. REPRESENTATIVE.

4. Do you currently employ the applicant?

☐ Yes

☐ No

Termination Date

5. Employment Status

☐ Part-Time

☐ Full-Time

6. Applicant Information

Date of Hire:

Position Title:

Average Hours per Week:

Annual Salary:

Rate of Pay:

Commission:

Bonus:

7. Signature:

Date of Signature:

MM

DD

YY

Business/

Department Name:

The above information is confidential and will not be used for purposes other than qualifying the family for homeownership. This form can be returned by mail to EBCH Cherokee Indian Housing Division, PO Box 1749, Cherokee, NC 28719.