



EMPLOYMENT VERIFICATION

Date

AUTHORIZATION:

To Whom It May Concern:

I hereby authorize you to provide any information in your possession regarding my job performance, Length of employment and character to:

Crafton Children's Corner
Judith Albenze, Executive Director

Signature of applicant

VERIFICATION:

Name of Employee

SSN

1. Dates of employment: _____ to _____

2. Number of hours per week: _____

3. Position/ Title: _____

4. Duties/ Responsibilities: _____

5. Additional comments (optional): _____

Employer's signature

Title

Name of Company

Phone number

Address (City, State, Zip)

Office Use:

House per week _____ x 4.33 weeks/month = _____

House per month _____ x 12 months /year = _____

House per year _____ x number years = _____

Business Office
2702 Banksville Avenue
Pittsburgh, PA 15216
412- 561-5502

Banksville
2760 Banksville Avenue
Pittsburgh, PA 15216
412-563-2273

Green Tree
875 Green Tree Road
Pittsburgh, PA 15220
412-922-2273

Thornburg
600 Hamilton Road
Pittsburgh, PA 15205
412-921-2273