



111 N. Hamilton Street  
Suite 1-D  
Georgetown, KY 40324  
Phone: 502-868-1050

**REQUEST FOR VERIFICATION OF EMPLOYMENT**

**This portion to be completed by applicant/co-applicant:**

Applicant/Co-Applicant Name: \_\_\_\_\_

Applicant/Co-Applicant Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Contact Information: \_\_\_\_\_

- I do have a job at this time*    **OR**
- I do not have a job at this time*

***I am applying for home ownership with Scott County Habitat for Humanity, and hereby authorize the release of employment verification - including financial information - and references as requested by Scott County Habitat.***

Applicant/Co-Applicant Signature: \_\_\_\_\_

Applicant/Co-Applicant Social Security Number: \_\_\_\_\_

***Employer – Please answer all questions, even if this is a former employee. Your complete information is extremely important in our application process. Thank you in advance for your assistance.***

1. Date of employment: \_\_\_\_\_ Position/occupation: \_\_\_\_\_
2. Date of termination: \_\_\_\_\_ Probability of continued employment: \_\_\_\_\_
3. Current rate of regular pay \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, year, etc.)
4. Current rate of overtime pay \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, week, month, year, etc.)
5. Do you anticipate any change in the employee rate of pay? YES NO  
If YES, Revised Rate: \_\_\_\_\_ Effective Date: \_\_\_\_\_
6. Avg. regular hours per week: \_\_\_\_\_ Avg. overtime hours per week: \_\_\_\_\_
7. Do you anticipate any change in the number of hours the employee works? YES NO  
If YES, please explain: \_\_\_\_\_
8. Total gross annual earnings you anticipate for the employee in the next twelve months: \$ \_\_\_\_\_
9. Gross earnings year-to-date \$ \_\_\_\_\_ Gross earnings last year \$ \_\_\_\_\_
10. If the employee’s work is seasonal or sporadic, indicate lay-off periods: \_\_\_\_\_
11. Additional comments: \_\_\_\_\_

**\*\*\*\* Please attach a detailed payroll printout if possible \*\*\*\***

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_