

Retail Associate Employment Verification

Employee Information

Employee Name: _____

Position/Title: _____

Employee ID/Number: _____

Dates of Employment: _____

Work Location/Store: _____

Employer Details

Employer Name: _____

Contact Person/Department: _____

Phone Number: _____

Email Address: _____

Employer Address: _____

Employment Details

Employment Type (Full-time/Part-time): _____

Current Employment Status: _____

Notes/Additional Comments: _____

Authorized Signature: _____

Date: _____