



INCOME SECURITY PROGRAMS FORM F – EMPLOYMENT CONFIRMATION

Une version française de ce document est disponible.

Case Number:

Applicant Information

Last Name:	First Name:
Telephone:	Email:
Current Mailing Address:	
Community:	Postal Code:

Declaration and Consent

I understand the information on this form will be used for the sole purpose of confirming my employment status. I understand if there are any changes to my personal or financial situation, I must notify my Client Navigator immediately.

X

Applicant Signature

(YYYY/MM/DD)

Employer Information – to be completed by Employer

Name of Company Firm/Person:	Occupation or Job Title:
Address:	
Telephone:	Email:
This Employment is: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Seasonal	
Start Date (YYYY/MM/DD):	End Date (YYYY/MM/DD):
First Pay Date (YYYY/MM/DD):	Terms of Employment:
Expected Salary (Hourly):	Expected Salary (Two Weeks):
Payment will be: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
X Employer Signature _____	
(YYYY/MM/DD)	

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