



INCOME SECURITY PROGRAMS FORM F – EMPLOYMENT CONFIRMATION

Case Number:

Une version française de ce document est disponible.

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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