Zanesville Metropolitan Housing Authority

**HOUSING CHOICE VOUCHER PROGRAM (Section 8)**

407 Pershing Road, Zanesville, Ohio 43701 ● Phone: (740) 454∙9714 ● Fax: (740) 454∙8567

**EMPLOYMENT VERIFICATION**

|  |  |
| --- | --- |
| **HEAD OF HOUSEHOLD NAME** (for HCVP filing purposes)**:** |  |

I, the employee, (print name) hereby request the release of my employment information.

|  |  |
| --- | --- |
| **SIGNATURE OF PERSON EMPLOYED** | **DATE** |
|  |  |

**…………………………………………………………………………………………………………**

**EMPLOYEE’S SUPERVISOR: Please complete below information and return to ZMHA by mail or fax.**

|  |  |
| --- | --- |
| **Employee First & Last Name** | **Employee Social Security #** |
|  |  |
| **Title/Occupation of Employee** | **Date of Hire** |
|  |  |
| **Date of Termination/Employment End Date (if applicable)** | **Number of Hours Per week** |
|  |  |
|  |  |
| Date Present Pay Rate Effective: |  |
| Present Base Pay Rate : | **$** | **per:** |
| Present Overtime Rate: | **$** | **per:** |
| Anticipated Overtime: | **Hours:** | **per:** |
| Amount of bonus, incentive pay, commission, tips or other compensation not included above: | **$** | **per:** |
| Total Base Pay Earnings for past 12 months: | **$** |
| Total Overtime Earnings for past 12 months: | **$** |
| **I hereby certify that the information above is true. I understand I can be fined up to $10,000.00 or imprisoned up to five (5) years if I furnished false or incomplete information.** |
| **SIGNATURE OF MANAGER/SUPERVISOR** | **DATE** |
| **🡺** |  |
| **Business or****Employer Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Fax:** |  |