



**Bexar County Department of Community Resources**  
**233 North Pecos, Suite 590**  
**San Antonio, Texas 78207**  
**(210) 335-3666**

**EMPLOYMENT VERIFICATION**

Please release the following information to Bexar County Department of Community Resources:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

Name of Employee:

NAME OF COMPANY or EMPLOYER			
ADDRESS (Street)	(City)	(State)	(Zip Code)

How often paid? \_\_\_\_\_ Daily    \_\_\_\_\_ Weekly    \_\_\_\_\_ Every Two Weeks    \_\_\_\_\_ Monthly

If Employee is/was on Leave Without Pay-    **Start Date:** \_\_\_\_\_    **End Date:** \_\_\_\_\_

Employee's Address (Street, City, State, Zip Code)
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On the chart below, give information for : \_\_\_\_\_ pay periods:

FOR NEW EMPLOYEES COMPLETE BELOW:	
DATE HIRED:	
DATE FIRST CHECK RECEIVED:	
ESTIMATED AMOUNT OF CHECK:	
FOR TERMINATED EMPLOYEES: COMPLETE BELOW	
DATE TERMINATED:	
DATE FINAL CHECK RECEIVED:	
GROSS AMOUNT	\$

Date Pay Period Ended	Date Received Paycheck	Gross Pay	Other Pay (Tips, Commissions)

DO YOU EXPECT ANY CHANGES TO THE ABOVE INFORMATION WITHIN THE NEXT FEW MONTHS?    YES    NO    If yes, explain:

**COMMENTS:**

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\_\_\_\_\_  
SIGNATURE – PERSON PROVIDING THIS INFORMATION

\_\_\_\_\_  
TITLE & TELEPHONE NUMBER

\_\_\_\_\_  
DATE