



## Human Resources Division

190 Sailstar Drive NW, Cass Lake, MN 56633

(218) 335-3698 Phone • (218) 335-3697 Fax

# Employment Verification Form

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Employee ID # \_\_\_\_\_ Last four digits of SS# \_\_\_\_\_

LLBO Division/Department: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

- Employment is:
- |  |   |
|--|---|
| <input type="checkbox"/> Full-time Permanent | <input type="checkbox"/> Full-time Temporary          |
| <input type="checkbox"/> Part-time Permanent | <input type="checkbox"/> Part-time Temporary          |
| <input type="checkbox"/> Seasonal            | <input type="checkbox"/> Work Experience/ MFIP or WIA |

Hire Date: \_\_\_\_\_ Separation/Termination Date: \_\_\_\_\_

Average hours worked per week: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HR USE ONLY

I verify the above information is correct and applicant is or was employed with the Leech Lake Band of Ojibwe.

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Title: \_\_\_\_\_ Telephone: \_\_\_\_\_