



APPLICANT: Use this form **ONLY** if you do not receive a payroll paycheck which shows deductions. Return completed form to St. Nick with your completed application and any other required documents.

Please use a separate form for each employer.

VERIFICATION OF EMPLOYMENT & EARNINGS

Applicant Name: _____

Dear Employer: The above-named person is applying for assistance from our organization. To determine eligibility, we need the applicant’s proof of employment and earnings. Please complete this form and return to the applicant. Please contact us with any questions: (270) 538-9010 or director@stnickassistance.org. You may visit our website for general program information: www.stnickassistance.org

1. The above-named employee began work ____/____/____, earns \$_____ per hour, and works _____ hours per week.

2. How often is this employee paid? (circle one):
 weekly bi-weekly monthly other
 (if “other,” please explain: _____)

3. Please show Total Pay (before deductions and taxes, and including tips) paid to this employee over the last 30 days. Please list each paycheck separately in consecutive order for the previous 30 days. Include overtime pay, sick pay, vacation pay, and bonus pay.

	Date Paycheck Received	Hours Worked per paycheck	Total Pay (<i>before</i> taxes, or other deductions. Please include tips, holiday/sick pay, etc.)	Comments
1.				
2.				
3.				
4.				
5.				
6.				

Employer name: _____

Address: _____

Employer Signature
Employer Telephone
Today’s Date

Please note: St. Nicholas may need to contact the employer named above to verify employment or “work in exchange for” arrangements. Please include valid phone number and address.

NOTE: IF EMPLOYEE WORKS IN EXCHANGE FOR ROOM & BOARD, BILL PAYMENT, ETC., PLEASE PROVIDE EXPLANATION AND DETAILS (i.e., VALUE OF EXCHANGE) ON THE BACK OF THIS SHEET.