Logo, company name

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**Employment Verification Form**

**Date:**

**To:** The Office of Illinois Works Pre-apprenticeship Program

**Re:** Employment Verification for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Employee Name]

Dear Office of Illinois Works Pre-apprenticeship Program Grant Manager,

Please accept this letter as confirmation that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Employee] has and is employed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Business Name]. Below are the details of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s employment.

Employee Title:  
Dates of Employment:

Employment Type: □ Full Time □ Part Time □ Seasonal/Temporary □ Contract

This employee is enrolled in a DOL Registered Apprenticeship Program □ Yes □ No

If yes…

* this employee was sponsored by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Business Name] □ Yes □ No
* this employee is a member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [DOL Registered Apprenticeship Program Name]

If you need additional information, please contact me using the information below:

Name: Title:

Phone Number: Email:

Business Address:

Signature: Date: