

Pahrump Office  
Marilynn Gallivan Complex  
1981 E. Calvada Blvd. North  
Suite 120  
Pahrump, NV 89048  
Phone: (775) 751-7095  
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Health and Human Services  
Director - Karyn Smith

Tonopah Office  
Nye County Courthouse  
101 Radar Road  
Post Office Box 926  
Tonopah, NV 89049  
Phone: (775) 482-8125  
Fax: (775) 482-7261

### Employment Verification Form

Employer Name: \_\_\_\_\_

Re: \_\_\_\_\_

SS#: \_\_\_\_\_

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

Please furnish Nye County Health and Human Services with the following information regarding my salary and employment.

HEALTH AND HUMAN SERVICES REPRESENTATIVE

SIGNATURE of CLAIMANT

### BOTTOM PORTION TO BE FILLED OUT BY EMPLOYER ONLY:

#### PLEASE SEND A WAGE STATEMENT PRINTOUT IF AVAILABLE

This is to verify the above client has been employed as: \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_. Wage per hour: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Reason for termination/loss of hours (if applicable): \_\_\_\_\_

Date(s) loss of hours occurred (if applicable): \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Effective Date of Insurance: \_\_\_\_\_

**Please list the employee's GROSS earnings below, noting the year in which the earnings occurred.**

WK	JAN __	FEB __	MAR __	APR __	MAY __	JUN __	JUL __	AUG __	SEP __	OCT __	NOV __	DEC __
1												
2												
3												
4												
5												

WK	JAN __	FEB __	MAR __	APR __	MAY __	JUN __	JUL __	AUG __	SEP __	OCT __	NOV __	DEC __
1												
2												
3												
4												
5												

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF INFORMANT

POSITION

COMPANY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_