

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308

Phone: (509) 762-5541 • Fax: (509) 762-2202 Toll Free: (800) 747-9202 • TTY: (800) 833-6388

EMPLOYMENT VERIFICATION

Employee:				Date	:	
•If the person is curr						
How long has the abo	ove named	d employee	been working	for your con	npany?	
Is this Position:	Tempor	ary	Permanent		Seasonal	
His/her wages are:	\$	per h	our and	hours pe	r week	weeks per year
or	\$	per m	onth and	hours per	month	
How often does the e	employee	get paid?				-
•If the person is not	working fo	or you right	now but will i	in the future,	please fill out t	his section
Start Date:			<u> </u>			
Will this position be:	Te	mporary	P	ermanent	Seaso	nal
His/her wages we wil	l be:	\$		_per hour and	d	hours per week
	or	\$		_per month a	nd	_hours per month
How often will the er	nployee b	e paid?				
Employer Name:					-	
Contact person:	W/-1/2012 No. 1841/2014	***************************************				
Address:						
Phone number:	,					
Signature:						
Return this form to:				, Pho	one 509-762-55	41 ext
Fax: 509-762-2202		Email:				



