

AFFIDAVIT OF EMPLOYMENT

Name of Employee \_\_\_\_\_  
First Name Middle Name Last Name

Social Security # \_\_\_\_\_

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NOTE: The following information must be completed by previous and/or current employer and notarized.

I, \_\_\_\_\_, the undersigned employer, being first duly sworn on

Oath, deposes and says: That \_\_\_\_\_  
Name of Employee

Has been employed from \_\_\_\_\_ to \_\_\_\_\_

at \_\_\_\_\_  
Shop Name or School Name

located at \_\_\_\_\_  
Street Address City State Zip

Contact Phone Number or Numbers \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further employer sayeth not.

\_\_\_\_\_  
Signature of Employer (Must be witnessed by Notary Public)

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

SUBSCRIBED AND SWORN to before me, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SEAL

\_\_\_\_\_  
NOTARY PUBLIC