

Sample Employment Verification



**America's Leader
in Employment &
Income Verification**

The following information was provided by the employer to The Work Number® to act as their official agent for issuing employment verifications. Information not provided by the employer is left blank. Any inconsistency between the most recent start date and the total time with the company is due to prior work period. Questions? Call 1-800-996-7566 (Voice) / 1-800-424-0253 (TTY/Deaf).

EMPLOYMENT VERIFICATION

The following information is provided in response to your request for an employment verification on: 01/3/2002

| | |
|--------------------------------|---|
| Information current as of: | 06/01/2004 |
| Employer: | University of Louisville |
| Employer Headquarters Address: | Human Resources 1980 Arthur Street Louisville, Kentucky 40208 |
| Division: | VPBA |
| Employee: | Joseph. E. Smith |
| Social Security Number: | 123-45-6789 |
| Employment Status: | Active |
| Most Recent Start Date: | 09/10/1999 |
| Total Time with Employer: | 2 Years, 3 Months |
| Job Title: | Custodian |
| Reference Number: | 17977046 |

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Sample Income Verification



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| INCOME VERIFICATION | | | |
|--|---|-------------|-------------|
| The following information is provided in response to your request for an employment verification on: 01/3/2002 | | | |
| Information current as of: | 06/01/2004 | | |
| Employer: | University of Louisville | | |
| Employer Headquarters Address: | Human Resources 1980 Arthur Street Louisville, Kentucky 40208 | | |
| Division: | VPBA | | |
| Employee: | Joseph E. Smith | | |
| Social Security Number: | 123-45-6789 | | |
| Employment Status: | Active | | |
| Most Recent Start Date: | 09/10/1999 | | |
| Total Time with Employer: | 2 Years, 3 Months | | |
| Job Title: | Custodian | | |
| Rate of Pay: | \$9.76 Hourly | | |
| Avg. Hrs. Per Pay Period: | 40 | | |
| | <u>2001</u> | <u>2000</u> | <u>1999</u> |
| Base Pay: | \$20,300.00 | \$19,691.00 | \$19,101.00 |
| Overtime: | \$0 | \$0 | \$0 |
| Commissions: | \$0 | \$0 | \$0 |
| Bonuses: | \$0 | \$ | \$0 |
| Other Income: | \$0 | \$0 | \$0 |
| Total Pay: | \$20,300.00 | \$19,691.00 | \$19,101.00 |
| Is the continuance of the following likely? | Employment: | | |
| | Overtime: | | |
| | Bonus: | | |
| | <u>Next</u> | <u>Last</u> | |
| | <u>Projected</u> | | |
| Date of Pay Increase: | | | |
| Amount of Pay Increase: | | | |
| On Leave Dates: | Start - | End - | |

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| | |
|-------------------|----------|
| Reference Number: | 17977553 |
|-------------------|----------|

Sample Social Services Verification



**America's Leader
in Employment &
Income
Verification**

The following information is provided in response to your request on: 07/04/2002. The employer provided this information to The Work Number to act as their official agent for employment and income verification. Any inconsistency between the most recent start date and the total time with the employer is due to a prior work period. If you have questions, please call our Client Service Center at 1-800-996-7566.


Information not provided by the employer is shown as "Data not provided."


Employment and Income Information current as of: 05/01/2002.

Benefits Information is updated monthly by this employer.

Reference Number for this verification: 10000297.

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Social Service Verification

EMPLOYER

Employer: University of Louisville
Employer Headquarters Address: Human Resources
1980 Arthur Street
Louisville, Kentucky 40208
Federal Employer Identification Number (FEIN): 568945263
Division: Software

EMPLOYEE

Employee: John B Doe
Social Security Number: 123-45-6789
Address: 23 Elm Street
Apartment 15
Louisville, KY 40208
US
Employee Phone Number: (502) xxx-xxxx
Date of Birth: 02/25/1960

EMPLOYMENT

Employment Status: Active
Most Recent Start Date: 01/01/2000
Original Hire Date: 01/01/2000
Total Time with Employer: 2 Years, 5 Months
Job Title: Custodian
Union Affiliation: No
Work Location (Job Site):

MEDICAL INSURANCE

Medical Insurance Available: Yes
Employee Eligible: Yes
Reason for Ineligibility: Data not provided
Employee Enrolled: Yes
Eligibility Date: Data not provided
Next Open Enrollment Date: 09/01/2002
Coverage Start Date: 01/01/2000
Coverage Termination Date: Data not provided
Medical Carrier Name: Blue Cross
Medical Carrier Address: 555 Safeway Drive
Suite 210
San Francisco, CA 90211
US
Medical Carrier Phone Number: (914) 542-3658
Medical Insurance Policy Number: 56894257
Medical Insurance Group Number: 45631145
Coverage Level: Family - Employee and Spouse and Children

Annual Cost for Medical Insurance: \$987.65
 Dependent Coverage Available: Yes
 Per Pay Period Cost to Add Dependent: \$150.00
 Number of Dependents Covered: 3

| <u>Dependents</u> | <u>SSN</u> | <u>Birth Date</u> |
|-------------------|-------------|-------------------|
| Sarah K Doe | 045-69-5215 | 04/26/1960 |
| Lucy T Doe | 453-14-5874 | 02/21/1986 |
| Bill G Doe | 352-45-6321 | 07/07/1989 |

Participating in Medical COBRA: Yes

DENTAL INSURANCE

Dental Insurance Available: Yes
 Employee Eligible: Yes
 Employee Enrolled: Yes
 Dental Carrier Name: Delta Dental
 Dental Carrier Phone Number: (556) 231-4589
 Dental Insurance Policy Number: 65465769

VISION INSURANCE

Vision Insurance Available: Yes
 Employee Eligible: Yes
 Employee Enrolled: Yes
 Vision Carrier Name: See Well
 Vision Carrier Phone Number: (214) 589-6325
 Vision Insurance Policy Number: 687684354

WORKERS' COMPENSATION

Receiving Workers' Compensation: Data not provided
 Carrier: Data not provided
 Date of Injury: Data not provided
 Date of Award: Data not provided
 Claim Number: Data not provided
 Claim Pending: Data not provided

INCOME AND DEDUCTIONS

Average Hours per Pay Period: 40
 Rate of Pay: \$200,000.00 / Annual
 Pay Cycle: Semi-monthly

| | <u>2002</u> | <u>2001</u> | <u>2000</u> |
|---|--------------|-------------------------|--------------|
| Total Gross: | \$108,333.10 | \$230,000.00 | \$210,000.00 |
| Payroll Deduction for All Insurance Coverage: | | \$325.63 / Semi-monthly | |

PAY PERIOD DETAIL 04/15/2002

| | | | |
|----------------------|-------------------|-------------------|-------------------|
| Total Gross Earnings | \$8,333.34 | Federal Tax | \$900.25 |
| Pension | Data not provided | State Tax | Data not provided |
| Other Income | Data not provided | Local Taxes | Data not provided |
| | | Social Security | \$256.23 |
| | | Medicare | \$163.21 |
| | | Retirement/401k | \$1,156.23 |
| | | Cafeteria Plan | \$210.22 |
| | | Garnishments | Data not provided |
| | | Other Withholding | Data not provided |

HISTORICAL PAY PERIOD SUMMARY

| <u>Pay Period End Date</u> | <u>Pay Date</u> | <u>Hours Worked</u> | <u>Gross Earnings</u> | <u>Net</u> |
|----------------------------|-----------------|---------------------|-----------------------|-------------|
| 04/15/2002 | 04/30/2002 | 40 | \$8,333.34 | \$5,321.60 |
| 03/31/2002 | 04/15/2002 | 40 | \$33,333.34 | \$19,563.80 |
| 03/15/2002 | 03/31/2002 | 40 | \$8,333.34 | \$5,321.60 |
| 02/28/2002 | 03/15/2002 | 40 | \$8,333.34 | \$5,321.60 |
| 02/15/2002 | 02/28/2002 | 40 | \$8,333.34 | \$5,321.60 |
| 01/31/2002 | 02/15/2002 | 40 | \$8,333.34 | \$5,321.60 |
| 01/15/2002 | 01/31/2002 | 40 | \$8,333.34 | \$5,321.60 |
| 12/31/2001 | 01/15/2002 | 40 | \$8,333.34 | \$5,321.60 |

SPECIAL INFORMATION ABOUT THIS EMPLOYER

This is an employer level disclaimer.

SPECIAL BENEFITS INFORMATION ABOUT THIS EMPLOYEE

This employee is eligible for Blue Cross and United Healthcare Medical Insurance.
This employee is eligible for the Cafeteria Plan