



Miami Tribe of Oklahoma
P.O. Box 1326 Miami, Oklahoma 74355
Ph: (918) 542-1445 Fax (918) 542-7260



EMPLOYMENT VERIFICATION

1. VERIFICATION OF EMPLOYMENT FOR: _____

2. COMPANY/EMPLOYER NAME: _____

3. COMPANY/EMPLOYER ADDRESS: _____

4. MANAGER/SUPERVISOR: _____

5. DATE OF EMPLOYMENT: _____

6. RATE OF PAY: _____

7. PAY SCHEDULE: _____

8. WORK SCHEDULE:

DAYS	SUN	MON	TUE	WED	THUR	FRI	SAT
HOURS							

9. NUMBER OF HOURS EMPLOYEE WORKS PER WEEK: _____

10. EMPLOYEE IS CONSIDERED: FULL TIME PART TIME TEMPORARY

11. EMPLOYER'S PHONE NUMBER: _____

Authorized Signature: _____