



# Connecticut Innovations

## TECHNOLOGY SCHOLAR PROGRAM EMPLOYMENT VERIFICATION FORM

### **Section I To Be Completed by Employee**

Employee Name	Social Security Number
Employee Address	Employee Home Phone
	Email Address
Employer	Type of Business
Employer Address	Employer Phone
	Job Title and Description of Employee's Duties
Employee Signature (The above information is accurate)      Date	

### **Section II To Be Completed by Human Resources Official**

Is Employee Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire Date of Employee
Number of Hours Employed Per Week (not including overtime)	Date Employment Ceased (if applicable)
New Employer Name/Address	Employer Identification Number (EIN)

### **The Information Provided Above is Accurate Including the Title and Description of Duties.**

HR Official :    Print Name	Job Title	Contact #
HR Official :    Signature	Date	

# CONFIDENTIAL

Return this form to CSLF/CI,  
525 Brook Street, Rocky Hill, CT 06067  
(800) 237-9721, ext. 446