



VERIFICATION OF EMPLOYMENT

CONFIDENTIAL

TO BE COMPLETED AND SIGNED BY YOUR EMPLOYER

Name of employer: _____

Employee's name: _____

Employee's address: _____

Date employment commenced: _____

Present position title: _____

Gross earning for previous year: \$ _____

Present regular salary or wage rate: \$ _____

Full-time Part-time Seasonal Term Other (Please specify): _____

Number of hours worked per week: _____ Number of weeks worked per year: _____

Details of additional earnings: overtime work, bonuses, commissions etc.
(State whether or not included in above wage):

Other remarks:

Prospects of continued employment: _____

Signature of employer personnel certifying that the above information is true and correct:

Signature: _____ Title: _____

Print Name: _____ Date: _____

Contact Number: _____

Your personal information is being collected for the purpose of determining eligibility for funding from the Yukon Housing Corporation per the terms of the specific funding program. Information collected on this form will be managed in accordance with the *Access to Information and Protection of Privacy Act* (ATIPP) For further information regarding collection of information, please contact the Yukon Housing Corporation ATIPP Coordinator at 867-667-8773, Box 2703, Whitehorse, Yukon Y1A 2C6.