



YUKON HOUSING CORPORATION
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	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Term <input type="checkbox"/> Other (specify): _____		
Employee on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 on behalf of the employer 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.