



EMPLOYER VERIFICATION

BUSINESS NAME: _____

OWNER/SUPERVISOR NAME: _____

FEIN/EMPLOYER IDENTIFICATION NUMBER: _____

(FEIN, SOCIAL SECURITY NUMBER*, OR FARM TAX ID NUMBER) ID TYPE: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

BUSINESS WEBSITE: _____

I certify that _____ (address: _____)
worked, at least, 1 hour of paid labor for the above employer during
the period of January 27, 2020 through May 11, 2023, performing
agricultural or meat packing duties. Specifically, from _____
through _____, _____ performed the following
duties: _____ and held the
following job title: _____. The work performed
was paid in the form of _____.

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT, UNDER PENALTY OF PERJURY.

_____ Employer physical signature

_____ Employer Printed Name

_____ Employer Title

**This information is confidential and will not be shared or disseminated in any manner.*

Random checks will be conducted to validate the information, through employer contact.