

AWS Member #:	
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EMPLOYMENT VERIFICATION

Personal Information	Personal Information Name <u>must</u> match your current government issued ID or Passport			
Last Name	First Name		Middle Initial	
Street Address		City, State, Zip Code		
Home Telephone	Work Telephone	Mobile Telephone		
F		Data of Diab agas/DD (SV	Last Farm Diate of CCH	
Email		Date of Birth MM/DD/YY	Last Four Digits of SS#	
Job Description				
Supervisor/Personnel Manager Attestation				
 This section BELOW MUST be completed by a supervisor or personnel manager for the most recent or current employer. Self-employed or contract applicants must substitute this section with a letter of reference on company letterhead from two (2) separate clients attesting to: the nature of work assignments during the period of performance type of work done length of time as a client If the employer is no longer in business, include copy of the W2 form. 				
Company Name:		Company Phone:		
Company Address:				
City, State:	Zip Code:	Country:		
- Constraint (Pourson of Mar	nager's Name (print) , verify th	at	maintained	
employment atComp	pany Name	Date: mm/yyyy Date: mm/yyyy	ate: mm/yyyy	
Superviser/Manager Signature				
Supervisor/Manager Signature:	Handwritten or timestamped digital signatu	Date:	Month/Day/Year	

Employment Verification October ^{22nd}, 2025