



Mille Lacs Band of Ojibwe - AanjiBimaadizing
Employment Verification Form

This form is to be completed by the Employer. It is necessary to verify employment with your company, therefore we request that you please complete the questions below.

Employee's Name: _____

Job Title: _____

Start Date: _____ Hourly Wage: _____ Hours Per Week: _____

End Date: _____ If employment has ended enter date of final check: _____

Reason for Separation: _____

Full Time Part Time Permanent Temporary Seasonal

How Often Paid: Weekly Bi-Weekly Monthly: Other: _____

Company Name: _____

Company Address: _____

Company Tel. Number: _____

Company Fax#: _____

Company Contact Person: _____

Will the employee be required to have any of the following for employment:

Special Uniforms

Tools

Business Attire

Miscellaneous items not listed above, please specify what will be required of the employee for continued employment. _____

I hereby grant permission to the Mille Lacs Band of Ojibwe - AanjiBimaadizing to provide the information requested above.

Client Signature

Date

Employer's Signature

Date

Please fax or mail the information to:

Mille Lacs Band of Ojibwe - AanjiBimaadizing

43408 Oodena Dr

Onamia, MN 56359

TEL# 320-532-7407 FAX# 320/532-3785