

AFFIDAVIT OF EMPLOYMENT

Date: _____

I, _____, the affiant, being duly sworn according to law, upon my oath, state the following:

Employee Name: _____

Employee SSN or Employee ID#: _____

Employee Address: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Employee Position: _____

Dates of Employment: _____ to _____

Employee Duties: _____

Under penalty of perjury, I hereby declare and affirm that the information in this affidavit is, to the best of my knowledge, true and correct.

Affiant's Signature: _____ **Date:** _____

Print Name: _____

NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

The foregoing instrument was acknowledged before me, _____, on _____, by the undersigned, _____, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

WITNESS my hand and official seal.

Signature: _____ (Seal)