

### **Instruction for completion of “Verification of Prospective Employment”**

- 1) On line enter your social security number.
- 2) Applicant’s name – Please enter your last name, first name and middle initial.
- 3) Probable Duration of Employment – Enter the date you were to start work and date which employment was to end. If on going please indicate.
- 4) Name of Prospective Employer – Enter the complete name of employer.
- 5) County – Enter the county in which employment was to take place.
- 6) No. Street - Enter the complete street address of employer.
- 7) City – Enter the city where employer is located.
- 8) State – Enter the state where employer is located.
- 9) Zip Code – Enter the employer’s zip code.
- 10) Was the job offer made directly to the claimant? Check either yes or no
- 11) If yes, when was the offer made? – List the date when you were offered the job.
- 12) Name and title of Person who offered the Job – List the complete name and title of the person who offered the job.
- 13) Phone number - List the complete phone number to include area code, where the employer can be contacted.
- 14) Job Description – Please give a detailed description of job duties.
- 15) Rate of Pay – Enter rate of pay, such as \$5.00 per hour.
- 16) Hours per Week – Enter number of hours per week scheduled to work.
- 17) Prospective Employer’s Job Location, No., Street – List the street address where you were to work.
- 18) City – Enter the city where the job is located.
- 19) State – Enter the state where the job is located.
- 20) County – Enter the county where the job is located.
- 21) Reason that individual was prevented from beginning such employment – List the reason or reasons that prevented you from beginning work. Please be specific.
- 22) If the claimant has been rescheduled to return to work, please give date – Enter the date you are to start work if you were rescheduled.
- 23) Department Representative – Sign your name
- 24) Date Signed – Enter date you signed form.

## Verification of Prospective Employment

**IOWA WORKFORCE DEVELOPMENT  
VERIFICATION OF PROSPECTIVE EMPLOYMENT TO  
QUALIFY FOR UNEMPLOYMENT ASSISTANCE (DUA)**

Social Security Number

Applicant's Name (Last, First, Middle)	Probable Duration of Employment:  From: _____ To: _____
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**PROSPECTIVE EMPLOYMENT**

Name of Prospective Employer	County
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**Prospective Employer's Mailing Address**

No., Street	City	State	ZIP Code
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1. Was a job offer made directly to the claimant?  Yes  No      2. If YES, when was the offer made?

Name and Title of Person Who Offered the Job:	Phone Number  (       )		
Job Description:	Rate of Pay  \$            per		
<b>Prospective Employer's Job Location</b>	Hours Per Week		
No., Street	City	State	County

3. Reason that individual was prevented from beginning such employment (Please be specific):

4. If the claimant has been rescheduled to report to work, please give date:

DEPARTMENT REPRESENTATIVE	DATE SIGNED (Month, Day, Year)
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