



**AN AFFILIATE OF THE OHIO VALLEY CHAPTER OF ASSOCIATED BUILDERS AND CONTRACTORS  
EMPLOYMENT VERIFICATION FORM**

**SECTION I - Complete at time of employment. Original copy must be return to ABC/OVCEF office.**  
 - Copy of form should be kept on file by employer

Apprentice Name		SSN#:
Address		TRADE:
City-ST-Zip		OUT Hours to date:
Primary Phone#:		RTI Year Attending:
COMPANY:		STARTING WAGE
CONTACT NAME:		Current Pay \$ _____ hr (Pay must be in accordance to the current established Apprenticeship Wages)
PRINTED:		
CONTACT TITLE:		HIRE DATE:
SIGNATURE:		DATE SIGNED:

**TERMINATION VERIFICATION**

**SECTION II - Complete and return to ABC/OVCEF at the time employment ends**

Please give reason apprentice is no longer working under your employment. Include date, reason(s) and brief explanation.  
 Check appropriate boxes, as they apply the apprentice departure.

- Date Employment Ended:** \_\_\_\_\_
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> - Permanent Layoff      | <input type="checkbox"/> - Unsatisfactory performance                    | <input type="checkbox"/> - Military Duty/Service |
| <input type="checkbox"/> - Discharged/Terminated | <input type="checkbox"/> - Left to accept related employment             |  |
| <input type="checkbox"/> - Voluntarily Quit      | <input type="checkbox"/> - Left to accept unrelated employment           |  |
| <input type="checkbox"/> - Death/Illness         | <input type="checkbox"/> - Transferred to another apprenticeship program |  |

Brief explanation of departure: \_\_\_\_\_

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Contact Name (printed): \_\_\_\_\_

ENDING WAGE: \$ \_\_\_\_\_ hr