



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:	OJT Hours to date:
Primary Phone#:	RTI Year Attending:
Company & Address:	Starting Wage: Current Pay \$_____ hr (Pay must be in accordance to the current established Apprenticeship Wages)
Print Contact name:	Hire Date:
Contact Title:	
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 (**REQUIRED**):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Name (Printed): \_\_\_\_\_

Contact Signature: \_\_\_\_\_ Ending Wage: \$\_\_\_\_\_ hr