



State of Wisconsin
Higher Educational Aids Board

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Governor

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PREVIOUS EMPLOYMENT VERIFICATION FORM

Section A: To be completed by Applicant

Name: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Brief Description of Work: _____

I authorize the above-named employer to provide the information requested in Section B of this form:

Applicant Signature

Date

Section B: To be completed by Employer

The JRJ Student Loan Repayment Program requires information about the applicant's job history and certification of an applicant's employment. Please complete this section of the form and return it to the employee.

Description of Agency's Primary Function*: _____

Date of Hire

Date of Separation

Years _____ Months _____
Length of Employment

Name of person certifying employment (PLEASE PRINT) Title

I certify that information contained in this form is true and complete to the best of my knowledge.

Signature

Date

*Pursuant to program guidelines, qualifying employment includes working as a full-time (at least 30 hours) prosecutor in criminal or juvenile delinquency cases for a state, local or tribal government; or working full-time providing legal representation to indigent persons in criminal or juvenile delinquency cases for a state, local or tribal government, or a non-profit organization operating under a contract with a state or local government, or a full-time federal defender in a defender organization under Subsection (g) of section 3006A of Title 18, U.S. Code, and including full-time employees who supervise, educate or train other persons prosecuting or providing representation as described.