

## Placement Information – Wage Verification Form

CUSTOMER INFORMATION			
Last Name	First	M.I.	Date
MOSES ID	E-mail Address		

EMPLOYER INFORMATION		
Company Name		
Address		
City	State	ZIP
Type of Company		

EMPLOYMENT INFORMATION	
Job Title	
Start Date (mm/dd/yyyy)	/ /
Hours Worked Per Week	
Starting Salary	
Benefits	
Was Employment Training Related?	YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>

**MAIL TO:**

**BerkshireWorks  
160 North Street  
Pittsfield, MA 01201  
or fax to (413) 496-8247**