

State of Wisconsin Higher Educational Aids Board

Tony Evers Governor

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EMPLOYMENT VERIFICATION FORM

Section A: To be completed by Ap	plicant	
Name:		
Name of Employer:		
Address:		
City:	State:	Zip:
Job Title:		
I authorize the above-named emplo form:	yer to provide the information req	uested in Section B of this
Signature	Date	
The JRJ Student Loan Repayment Program of an applicant's employment. Please con Job Title of Employee:	nplete this section of the form and return	it to the employee.
Office Location (city) of Employee:		•
Date of Hire:		
Is the applicant employed full-timeYESNO	?	
Name of person certifying employ	ment (PLEASE PRINT) Title	
I certify that information contained	I in this form is true and complete	to the best of my knowledg
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 stat, 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.