



Sworn Statement Regarding End of Employment

Employment case number: _____

I, _____ swear that the following information is true for my employment that ended at:

Employer name: _____

Employer address: _____

The last day I worked was: _____

I received my last check on: _____

The gross amount of my last check was: _____ (provide last paystub)

Reason employment ended: Voluntary OR Involuntary

Additional information regarding employment ending:

I swear that the above information is correct.

Client signature: _____ Date: _____