



## AFFIDAVIT FOR PREVIOUS EMPLOYMENT

Your employee has applied for housing with the Jackson/Teton County Affordable Housing Department. To receive additional entries into the weighted drawing, applicants must prove continuous years of employment. This form is very important to both your former employee and the Jackson/Teton County Affordable Housing Department. Please provide the following information as completely and accurately as possible.

**THIS FORM MUST BE NOTARIZED AND SUBMITTED WITH A WEIGHTED DRAWING ENTRY**

Employer's Name: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Employer's Email \_\_\_\_\_

Employee's Name \_\_\_\_\_

**Employment History:** Please complete the following information as accurately as possible.

	Enter gross amount paid for applicable years:	Annual Hours Worked:		
		Reg Hours	OT Hours	hourly wage or salary
2019	\$ _____	_____	_____	_____
2018	\$ _____	_____	_____	_____
2017	\$ _____	_____	_____	_____
2016	\$ _____	_____	_____	_____
2015	\$ _____	_____	_____	_____
2014	\$ _____	_____	_____	_____
2013	\$ _____	_____	_____	_____
2012	\$ _____	_____	_____	_____
2011	\$ _____	_____	_____	_____

Was employment located within Teton County, Wyoming? \_\_\_\_ Yes \_\_\_\_ No

Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Position description: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Notarized signature required on back



Authorized Agent (print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF WYOMING            )  
  ) ss.  
COUNTY OF TETON            )

Sworn to before me, the undersigned Notary Public, by \_\_\_\_\_  
this \_\_\_ day of \_\_\_\_\_, 2020.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public

Seal

My commission expires: \_\_\_\_\_

**Note:** Please do not leave any portion of this form blank. If something is not applicable, please mark NA or simply line through it. The proper completion of this form is vital for the potential qualification of housing for your employee. For questions, please call 307-732-0867.