



### EMPLOYMENT VERIFICATION – Stables Village Lottery

(Copy this page for all employers - Do NOT fill it out if you are self-employed, or a contracted employee)

**TO BE COMPLETED BY APPLICANT:**

Employee Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Business Address: \_\_\_\_\_

**Applicant Release Statement**

I hereby authorize the release of the following information in order to determine my eligibility for the Stables Village Lottery Application.

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

**TO BE COMPLETED BY EMPLOYER:**

The above-signed employee has applied to the Stables Village Housing Lottery. The Housing Covenant requires the applicant work 30+ hours for a business located in and serving Summit County. Please complete the following information and upload this document into your application. If you have questions, please contact the Town of Breckenridge Housing Division at [TOBHousing@townofbreckenridge.com](mailto:TOBHousing@townofbreckenridge.com) or 970-547-3107.

**Your assistance in completing this form accurately and timely is greatly appreciated!**

Employee Position or Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Position Information							
Is this a full-time position?      YES    NO				Is this position seasonal?      YES    NO			
Number hours/week _____				Number of weeks / year _____			
Additional Information							
Is this business located in Summit County    YES    NO							
Comments:							
Work Schedule							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							
Variable Schedule:      NO      YES, explain:							

Signature of Employer/Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name of Employer/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor E-mail: \_\_\_\_\_