



**THE  
MUSCOGEE (CREEK) NATION**

Social Services /Department of Community and Human Services  
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**DAVID HILL**  
PRINCIPAL CHIEF

**DEL BEAVER**  
SECOND CHIEF

**Employment Verification**

Dear Employer:

Please provide the following information:

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

Employer/Company: \_\_\_\_\_

Position:    Permanent    Temporary    Seasonal    Full-Time    Part-Time

Hire Date: \_\_\_\_\_

Rate of Pay: \$\_\_\_\_\_per hour    Hours a week: \_\_\_\_\_

Employee paid:    Daily    Weekly    Bi-Weekly    Twice a month

Date of most recent paycheck:\_\_\_\_\_Amount \$\_\_\_\_\_(gross)

To be completed by employer

I acknowledge the information provided by me is true and correct.

Name\_\_\_\_\_ (print)

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

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_