



**Illinois Student Assistance Commission  
Human Services Professional Loan Repayment Program  
Employment Verification Form**

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to prosecution to the fullest extent of the law.

**APPLICANT INFORMATION**

APPLICANT NAME

APPLICANT EMAIL ADDRESS

**ORGANIZATION INFORMATION**

ORGANIZATION NAME

ORGANIZATION ADDRESS

ORGANIZATION CITY/STATE/ZIP

ORGANIZATION ELIGIBILITY

☐ Yes

☐ No

\*An organization, for purposes of this program, is a community-based human services agency whose purpose is to provide direct and indirect human services and has or did have a contract with, receives or received funding from, and/or is grant-funded by one or more of the following State of Illinois agencies: Department of Human Services, the Department of Children and Family Services, the Department of Juvenile Justice, the Department on Aging, and the Department of Public Health.

**APPLICANT'S EMPLOYMENT INFORMATION**

Employment Start Date

Employment End Date

OR Currently Employed ☐

Job Title

Full-Time Employee ☐ Yes ☐ No

Annual Salary or Annualized Hourly Income\*\*

\*\*Do not list the hourly wage. Please list the total annual income based on their hourly rate.

**EMPLOYMENT CERTIFICATION (TO BE SIGNED BY THE EMPLOYER REPRESENTATIVE)**

By providing a signature below, I certify that (1) the information I have provided in this document is true, complete, and correct to the best of my knowledge and belief. I understand that by signing this document, whether with a handwritten or electronic signature, I affirm that I have reviewed and agree to the statements contained herein, (2) I am an authorized representative of the organization named in this document, and (3) the applicant named in this document is or was an employee of the organization named in this document.

Employer Representative Name

Employer Representative Job Title

Employer Representative Phone

Employer Representative Email

Signature

Date

INSTRUCTIONS: This form can be used by an applicant's current or former employer to provide employment information about the applicant. The applicant's EMPLOYER must complete and sign this form, then return it to the applicant to submit with their application. **This form should be signed and dated NO SOONER than 30 days before the applicant submits their application.**

## **Instructions for Employers: How to Complete the ISAC Employer Verification Form**

### *The Human Services Professional Loan Repayment Program*

Thank you for assisting your employee with the employment verification process for this loan repayment program. Please follow the steps below to complete the Employer Verification Form:

#### **Step 1: Complete the Required Fields**

Fill out all applicable fields on the form, including:

- **Applicant Name and Email:** Your employee's information.
- **Organization Name, Address, City/State/ZIP:** The name of your agency or organization and location information.
- **Organization Eligibility:** Eligible human services agencies are ones that have currently or formerly received funding, grants or been contracted with five state agencies. Read the statement provided and select "yes" or "no".
- **Applicant's Employment Information:** The employee's start date and job title. If currently employed, please select that box. If no longer employed, please list the employee's end date. Also include the applicant's full-time status, job title and annual salary. If your employee receives an hourly wage, please calculate the yearly amount they receive.
- **Employment Certification Statement:** The employer representative completing this form should complete this final section. The organization can determine who is authorized to complete this form.

#### **Step 2: Review for Accuracy and Completion**

Ensure all information provided is accurate and reflects the applicant's employment details with your organization. Incomplete or inaccurate forms will result in application processing delays and could result in the applicant being found ineligible for this program.

#### **Step 3: Sign and Date the Form**

The authorized employer representative must **sign and date** the form. Forms may be signed electronically or by hand. ISAC will accept signatures in the following formats: digital signature or e-signature (not a typed signature), or hand-written signature as a scanned or photo document.

#### **Step 4: Return the Form**

The employer should return the form to the applicant for submission with their application.

#### **Notes:**

We ask that you complete all fields on the form. Please use the form as published. Alterations to the form or alternative methods of providing employment information will not be accepted. If you have any questions about the form, please reach out to [ISAC.CommunityPartnerServices@illinois.gov](mailto:ISAC.CommunityPartnerServices@illinois.gov)