

COMPLETED BY APPLICANT: Employment Verification Form

AUTHORIZATION FOR USE OR DISCLOSURE OF EMPLOYMENT INFORMATION

I _____ hereby voluntarily authorize the disclosure of information from my employment record to:

 Print Full Name

NEW Program & CTGP-Direct Employment Services
William M. White, Director

For the purpose in determining financial/non-financial eligibility, employment related services, and to meet program reporting requirements. I understand that records protected under Federal regulations governing confidentiality and cannot be disclosed without my written consent, unless otherwise provided for in the regulations.

 Signature of applicant

 Date (authorization valid for one year)

COMPLETED BY EMPLOYER: Hiring Personnel/Manager/Supervisor authorized to verify employment

NOTE: Applicant must have permanent full-time employment or WILL LEAD to permanent full-time employment. (Explanation is required)

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

CITY, ST ZIP CODE: _____

Telephone Number: _____

Fax Number: _____

JOB TITLE: _____

START DATE: _____

EMPLOYMENT STATUS:

FULL-TIME, PART-TIME

DATE RECEIVES _____

PERMANENT

FIRST FULL PAY CHECK: _____

TEMPORARY

SEASONAL

WAGE RATE: \$ _____ Hourly

Will job lead to full time employment? Explain

NO. OF HOURS: _____

Required uniform, tools or other work related expense **NOT** provided by the employer:

Individual completing this form:

 Contact person

 Date

OFFICE USE ONLY			
Date Job Verified	Employer Contacted	Comments:	Verified Initial
INITIAL			
FOLLOWUP			