Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 of SSN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

He/ she has reported that they have secured employment with your organization. It is necessary that we secure verification of current employment status. Please complete the employment questionnaire below and fax a return copy to this office at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or give the completed form to the above participant. Please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have any questions.

Employer’s Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s phone number: (\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_

Customer’s date of hire: \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_\_ Actual Begin Date: \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_\_

Total hours worked per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(if hours vary please show range)*

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

Wage/ Salary: $\_\_\_\_\_\_ Per Hour: \_\_\_\_\_\_ Day: \_\_\_\_\_ Week: \_\_\_\_\_ Month: \_\_\_\_ Year: \_\_\_\_

Pay Period: Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_\_\_ Bi-Weekly: \_\_\_\_\_\_\_ Monthly: \_\_\_\_\_\_ Other: \_\_\_\_\_

First Pay Date: \_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_\_\_\_

Company Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Representative Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_\_\_\_

Customer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_\_ /\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY:

By affixing my signature to this form, I confirm that I have verified ALL the employment information documented on this form in the manner noted below. I have entered a complete case note outlining the employer’s name, employer contact person name, job title and telephone number; participant’s job title, employment begin date, wage per hour, hours worked per week, benefits and any other pertinent information.

CareerSource Tampa Bay Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Employment Verified: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Verified by: □ Phone □ Fax □ Work Number □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_