



YMCA of Silicon Valley

Employment Work Authorization Form for Job Offer Letter

Date: _____

Branch: _____

☐ New Hire ☐ Rehire ☐ Reinstatement

Employee Legal Name:	
Address:	City:
Phone:	State/Zip:

Birthdate: ____/____/____

Social Security #: _____

Job Title: _____ ☐ All Qualifications Have Been Met for this Position

Rate of Pay: \$ _____

Start Date: _____

Employee Status

☐ Fulltime ☐ Part-time
☐ Exempt ☐ Non-Exempt

Scheduled Hours Per Week: _____

☐ This is a Seasonal/Temporary Employee or Job with the following End Date: _____

Other / Job Information

Job Code: _____ Location Site: _____

*Please list other job codes and locations on a separate form

Comments: _____

Approval

Supervisor Name:	Supervisor Signature:	Date: