

EMPLOYMENT VERIFICATION

EMPLOYER PLEASE COMPLETE ITEMS INDICATED (X OR YES) & RETURN PROMPTLY. THANK YOU.

EMPLOYER: _____

FROM: CCA 763-717-7711

FAX: 763-783-4772

REGARDING CLIENT: _____

Signing this form gives my employer and the TALX Corporation, through their website, "The Work Number", permission to give information about my job and salary. Staff from Child Care Assistance, Income Maintenance, and Employment Services will use this data to decide future funding and services. I know that I can refuse to give this information, but I may not get assistance. To cancel this agreement, I must make a written request. Otherwise, it ends one year after the date that is it was signed.

Client Signature _____ Date _____ Case # _____

<u>START WORK VERIFICATION</u>	
N/A	Start Date:
N/A	Job Title:
N/A	Permanent: YES NO
N/A	If no, length of assignment:
N/A	Wage per hour:
N/A	Hours per week:
N/A	Average tips per week:
N/A	Commission: YES NO
N/A	Date of first check:
N/A	Pay frequency:
N/A	Day of week paid:
N/A	Is job Federal/State Work Study: YES NO

<u>SCHEDULE IS REQUIRED</u>		
PLEASE COMPLETE: NO		
<i>DO NOT USE VARIES - PLEASE BE SPECIFIC AND INCLUDE AM/PM.</i>		
	<u>Week #1</u>	<u>Week #2</u>
Sunday	to	to
Monday	to	to
Tuesday	to	to
Wednesday	to	to
Thursday	to	to
Friday	to	to
Saturday	to	to

<u>STOP WORK VERIFICATION</u>	
X	Last day worked:
X	Date of last check:
X	Gross of final check:
X	Gross year to date:
X	Reason job ended:
X	Is job still available: YES NO
X	Eligible for COBRA: YES NO
NA	Date of Medical Leave:
NA	Date of Expected Return:

<u>BENEFITS: PLEASE COMPLETE: NO</u>			
	Please Circle	Date Eligible	Monthly Amount (Employee Portion)
Medical Insurance	Yes No		\$
Dental Insurance	Yes No		\$
Disability	Yes No		\$

EMPLOYER INFORMATION:
PLEASE COMPLETE: YES

Name of Person Completing Form: _____

Signature _____ Date: _____

Company Name _____

Address: _____

Phone: () _____

FEIN #: _____

<u>INCOME HISTORY: PLEASE COMPLETE: YES</u>							
Date: From _____ To _____						PLEASE SUBMIT LAST 30 DAY PAY HISTORY	
<i>Please attach printout or complete below.</i>							
Date Pd	Number of Hrs	Gross Wages	Tips or Commission	Health Insurance Deduction	Child Support Deduction		Taxes

