



Employment Verification Statement

Date Issued: _____

Due Date: _____

Employer _____

Case Number: _____

Address _____

Employee Name: _____

City _____ State _____ Zip Code _____

Address: _____

S. S. Number: _____

Elig. Worker: _____

Phone Number: 419-213-8800

Fax Number: 419-213-8820

I agree that the Person/Company named above may release to the Lucas County Job & Family Services all information requested on this form. This information will remain confidential and be used to determine eligibility for assistance.

I am aware of my responsibilities to report completely and fully all facts which bear upon my eligibility for all Public Assistance. I realize if the requested information reveals I have improperly reported by situation, the information may be given to the Prosecuting Attorney for possible Civil Action, or Criminal Prosecution.

Employee must sign here

Date _____

Date Employment Began: _____ Current Rate of Pay: _____

Full / Part Time: _____ Hours Scheduled Weekly: _____

How Paid (e.g., Wkly/Bi-Wkly): _____ Day of Week Paid: _____

Is this Subsidized Employment? YES () NO () Occupation: _____

Does employee have hospitalization or other medical coverage? YES () NO ()

Name of Insurance Company: _____

>>>>===== Complete this Section ONLY if no Longer Employed =====<<<<

Date Last Worked _____ Date of Final Pay _____ Gross Amount: _____

Was Employee Terminated / Laid Off? YES () NO () Did the Employee Quit? YES () NO ()

Reason: _____

Eligible for Re-Employment? YES () NO () When/Why? _____

Employee:

S. S. Number:

Gross Income Verification

Please provide information for each pay period for the duration of employment. You may attach a computer printout, or other verification instead of completing this portion of the form.

WORK SCHEDULE (please include AM / PM)			
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

This information may be necessary to schedule day care and other services to support the employment.

Variable schedule? **YES** **NO**

YES **NO**

Maximum hours worked weekly? _____

Earliest start time? _____ **AM / PM**

Latest ending time? **AM / PM**

Is all the employee information listed on this form correct (*for example*, address, SSN, name)? If not, please identify any inconsistencies:

Remarks:

Signature of Employer/Designee

Date

Title

Telephone Number