This form is to verify new employment situations in which the applicant has not yet received pay and is unable to provide pay stubs as proof of employment. Once the applicant has received one month's worth of pay stubs, copies must be given to the agency.

Applicant/Employee Name: _____ Employer/Company Name:_____

Address:_____ Employer Address:_____

_____ _____

Phone: _____ Phone Number: _____

I hereby request that my employment information be released to:

I understand that this information will be kept confidential and will be used for program purposes only.

_____ ___ /___ / ___
Signature of Applicant   Date

This Section to Be Completed By the Employer

The following information is needed regarding the applicant's employment:

1. Business Hours of Operation: _____ to _____ **Business Days of Operation** _____ to_____

2. Employee's Hire Date: ___ /___ /___ Position: _____

3. Rate of Pay: ☐ Hourly Employee, Rate of Pay per Hour $_____
☐ Salary Employee, Yearly Salary $ _____
☐ Other (piecework, commission only, etc.)$ _____

4. Frequency of Pay:
☐ Every Week ☐ Every Other Week ☐ Twice a month ☐ Once per month ☐ Other (please specify):_____

5. Additional Compensation (please check all that apply and list the average amount received per pay period):
☐ Commission _____ ☐ Tips_____ ☐ Incentive Pay_____ ☐ Bonuses _____
☐ Overtime_____ ☐ Other_____ ☐ No Additional Compensation Given

6. Number of Hours Worked per Week: _____ **Number of Hours worked per day:** _____

7. Work Schedule: (please check all that apply)
☐ The Employee works overnights ☐ The Employee works evenings ☐ On Call Employee
☐ The Employee's schedule varies ☐ The Employee works a regularly scheduled shift from _____ to _____

Possible Work Shifts:

_____

8. Please check all days that the employee could be expected to work:
☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Employer Signature: _____ Date: ___ /___ / ___
Name/Title

ECE-CC-1B (1/2005)