

REQUEST FOR EMPLOYMENT INFORMATION

EMPLOYEE NAME: _____

SOCIAL SECURITY # (last 4 digits): _____

I herewith give consent to my present/former employer to release the information as applicable.

Yo doy autorización para que mi empleador presente/anterior facilite la información como aplique.

Với mẫu đơn này, tôi cho phép người chủ hiện tại/người chủ trước đây tiết lộ tin tức cần thiết cho trường hợp của tôi.

Signature of Employee/Firma de Empleado/Chữ ký của Nhân Viên _____

Date/Fecha/Ngày _____

Telephone Number/Número Telefónico/ Số Điện Thoại _____

TO BE COMPLETED BY EMPLOYER

(For instructions on how to complete this section, please see the back of this form.)

1. When did he/she start working for you? Date: _____ Job Title: _____

2. How many hours is he/she working? (check one) _____ hours per Week Month

Rate per hour: \$ _____ Tips: \$ _____

How is employee paid? (check one) Daily Weekly Bi-Weekly Semi-Monthly Monthly
 Other: _____

Day employee is paid: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

3. Have you offered him/her additional hours of work? Yes No

If yes, how many hours? _____ Day Week Month

4. Does he/she have group health insurance coverage? Yes No

5. Weekly schedule:

MON	TUES	WED	THUR	FRI	SAT	SUN
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Work Start Time: _____

Work End Time: _____

6. Business Name: _____

Business Type: Non-Profit Profit

College Work Study Position: Yes No

Address: _____

Contact Person (print): _____ Telephone Number: _____

Additional Information/Comments: _____

Print Name _____

Signature of Employer _____

Title _____

Date _____

Telephone Number _____

Email Address: _____

For Official Use Only

RECORD ID #: _____

Card authorized by: _____
Initials Date

Instructions for Completing the “Request for Employment Information”

“TO BE COMPLETED BY EMPLOYER” SECTION

1. Indicate employee’s start date, OR if this is an update/change in schedule (i.e., shift change), fill in the date the new schedule took effect.
2. Indicate hours the employee works weekly OR monthly. Do NOT include lunch hour. Check the box for how employee is paid and the day employee is paid.
3. Report any additional work hours other than regularly scheduled hours.
4. Check the box if the employee is eligible for health insurance.
5. Indicate employee’s daily schedule, including the time allowed for lunch.
6. Business name, business type, address, and name/telephone number of employer with hiring authority. Indicate if employment is in the profit or non-profit sector. Indicate if the position is funded through college work study. As appropriate, provide any additional information regarding the employment.

Please make sure that you sign and date the form.