

REQUEST FOR EMPLOYMENT INFORMATION

EMPLOYEE NAME: _____ SOCIAL SECURITY #: _____

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	THURS	FRI	SAT	SUN
Start Time:	_____	_____	_____	_____	_____	_____	_____
Lunch Time:	_____	_____	_____	_____	_____	_____	_____
End Time:	_____	_____	_____	_____	_____	_____	_____

6. Business Name: _____

Address: _____

Contact Person (print): _____ Telephone Number: _____

Print Name _____ Signature of Employer _____ Title _____ Date _____ Telephone Number _____

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, address, and name/telephone number of employer with hiring authority.

Please make sure that you sign and date the form.