

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 the employee start working for you? Date: _____ Job Title: _____

2. How many hours is the employee working? (check one) _____ hours per Week Month

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

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

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

3. Have you offered the employee additional hours of work? Yes No

If yes, how many hours? _____ Day Week Month

4. Is health insurance currently offered to the employee? Yes No The employee will be eligible and offered health insurance starting on _____.

5. Does the employee have group health insurance coverage? Yes No

6. Does the employee receive employer benefits? Yes No

7. What is the employment type of the employee? Permanent Temporary

8. Weekly schedule:

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

Work End Time: _____

9. Business Name: _____

Business Type: Non-Profit Profit College Work Study Position: Yes No 26 or More Employees: 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 the 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 the employee is paid and the day the employee is paid.
3. Report any additional work hours other than regularly scheduled hours.
4. Check the box if medical insurance is offered to the employee, OR check the box and fill in the date when the employee will become eligible for medical insurance.
5. Check the box if the employee is currently receiving health insurance (i.e., medical insurance coverage).
6. Check the box if the employee is receiving other employer benefits besides medical insurance, such as paid vacation, paid personal/sick leave, life insurance, retirement plan, vision and/or dental coverage, etc.
7. Check the box for the employee’s employment type. A permanent employee has a long-term job without a predetermined ending date. A temporary employee has a job that lasts for a short, defined period of time.
8. Indicate the employee’s daily schedule, including the time allowed for lunch.
9. 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. Indicate if the company has 26 or more employees. As appropriate, provide any additional information regarding the employment.

Please make sure that you sign and date the form.