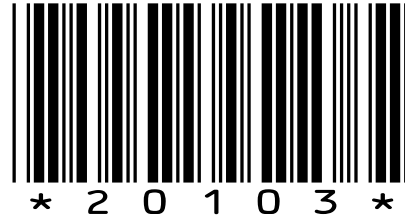


CareerSource
PASCO | HERNANDO



SNAP EMPLOYMENT VERIFICATION FORM

Customer Name: _____ SS#: _____ - _____ - _____

Employer Name: _____

Employer Address:

Street Suite City State Zip Code

Employer Phone#: _____ - _____ - _____ Job Title: _____

Employer Fax# _____ - _____ - _____ Employment Begin Date: ____/____/____

Presently Employed: Yes _____ No _____ Last Day of Employment _____

Hours Worked per Week: _____ Wage per Hour: \$ _____ (Minimum Wage or higher)

How often is the Employee Paid? _____ First Paycheck will be received on: ____/____/____

Eligible for Benefits: Yes _____ No _____ Eligible for: ___ Medical ___ Sick Leave ___ Vacation

On Sick Leave On Regular Leave FMLA On Leave of Absence On Suspension

Reassigned on _____ Terminated on _____

Reason _____

Hours Verified: Week of _____ total weekly hours worked _____
Week of _____ total weekly hours worked _____
Week of _____ total weekly hours worked _____
Week of _____ total weekly hours worked _____
Week of _____ total weekly hours worked _____

Employer Contact Person: _____ Title: _____

Employer Signature: _____ Date: _____

Staff Signature: _____ **Date Employment Verified via Phone: ____/____/____

By affixing my signature to this form, I confirm that I have spoken to the "Employer Contact Person" noted above and that they verified ALL the employment information entered on this form

I have entered a complete case-note outlining the employment begin date, position, wage, hours to be worked per week, phone number of the employer, who you spoke to verify the employment and any other pertinent information.

***PRIVACY ACT STATEMENT: Pursuant to 42 U.S.C. 1320b-7(a)(1) (Social Security Act) and 7 C.F.R. 273.6, disclosure of your social security number is mandatory. Social security numbers will be used by the Agency for program administration including verification purposes, distinguishing one individual from another, and for tracking and reporting purposes.**

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