** TYPE OF CONTACT: i.e. Visit, Telephone, Mail, Electronic
(If applying electronically, you must provide proof of submission.)

** SEARCH RESULTS: i.e. Applied, Interviewed, Hired, Not Qualified

Under New Hampshire Law RSA 165:1-b and the TOWN OF PEMBROKE Welfare Department Guidelines, applicants for general assistance are required to diligently search for employment and accept said employment when offered. You are required to provide the TOWN OF PEMBROKE Welfare Department with an accurate and complete record of 20 employment opportunities by ___/___/____.

All sections of this form must be completed (see example above). Incomplete or illegible Contact Work Search forms will not be accepted as valid. The Welfare Department has the authorization to contact potential employers listed on this sheet for verification purposes. Providing false information shall result in suspension of assistance under RSA 165:1-b and may result in criminal charges.

Signature of this document signifies understanding of and consent to the above referenced laws/requirements.

Signature of Applicant ___________________________ Date ___________
EMPLOYMENT VERIFICATION FORM

I, ___________________________________, authorize the release of information regarding my employment to the TOWN OF PEMBROKE.

Signature: ____________________________ Date: ____________

This form is to be completed by the employer/ former employer or it shall not be accepted as valid.

Name of Employee: ____________________________ SS#: _____-____-____

Employer Name: ______________________________________________________

Address: ______________________________________________________________

Phone: ____________________________ Fax: ____________________________

Starting Date of Employment: ____________ Hourly Pay Rate: $__________

Type of Position:  ___ Full-Time   ___ Part-Time   ___ Temporary

Please indicate time frame expected to work: _________________________________________________________________________

Frequency of Pay:  ___ Weekly   ___ Bi-Weekly   ___ Other: ____________________________

Paid By:  ___ Check   ___ Direct Deposit

Please list the last four (4) Pay Periods and Amounts of Pay:

Date: ____________ Amount: $__________

Date: ____________ Amount: $__________

Date: ____________ Amount: $__________

Date: ____________ Amount: $__________

Employment Status:  ___ Still Employed   ___ Terminated/Separated

If termination/separation, please indicate date of last employment: ____________

If termination/separation, please indicate reason for termination/separation:

___ Layoff   ___ Temporary Leave (Medical or other personal leave)

___ Voluntary Resignation   ___ Retired

___ Dismissed with Cause   ___ Other: _________________________________________________________________________

Does this employee receive any of the following through his/her employment:

___ Credit Union Acct.   ___ Retirement Plan (i.e.: 401K, IRA, etc.)

___ Medical Insurance   ___ Short-Term Disability

___ Life Insurance   ___ Long-Term Disability

___ Sick Pay   ___ Other: _________________________________________________________________________

Authorized Company Signature ____________________________ Print Name ____________________________

Phone # ____________________________ E-mail ____________________________ Date ____________