

EMPLOYMENT VERIFICATION START WORK

Return by _____

EMPLOYEE'S AUTHORIZATION TO RELEASE INFORMATION:

I hereby grant permission to my employer and the TALX Corporation, through their website, "The Work Number", to give information about my job and salary. This information may include details regarding a job start, current assignment and job end. Staff from Child Care Assistance, Economic Assistance and Employment Services will use this data to decide future funding and services. I know that I can refuse to give this information, but I may not be able to get assistance. I know I can cancel this authorization at any time. To cancel this authorization, I must make a written request to my worker. Otherwise, it ends one year after the date that it was signed.

Client Signature: _____ Date: _____ Case # _____

Bottom Section to be Completed by Employer

To: Employer _____ Employer Phone# _____

Employer Fax # _____ RE: Client _____

Requested by _____ Phone# _____

Employer EIN _____

Employer Work # Code _____

Work Schedule: Shift # _____

Job Start Details: *Complete Entire Section*

Start Date	
Job Title	
Permanent	<input type="checkbox"/> Y <input type="checkbox"/> N
Temporary <input type="checkbox"/> On Assignment	<input type="checkbox"/> Y <input type="checkbox"/> N
Length of Assignment	
Wage Per Hour	
Hours Per Week	
Pay Frequency	
Day of Week Paid	
Date of 1 st Check	
Tips/Commission	<input type="checkbox"/> Y <input type="checkbox"/> N
Amt. Tips/Commission/ppd	
Federal/State Work Study	<input type="checkbox"/> Y <input type="checkbox"/> N

	Week 1	Week 2
Sunday	to	to
Monday	to	to
Tuesday	to	to
Wednesday	to	to
Thursday	to	to
Friday	to	to
Saturday	to	to

Income History: From: _____ To: _____

Date Paid	# Hours	Gross Wages	Tips or Commission	Child Support Deduction

Printout of Income History can be attached instead of completing the Income History Section above

Insurance Benefits **Date Eligible** **Employee AMT**

Medical <input type="checkbox"/> Y <input type="checkbox"/> N		
Dental <input type="checkbox"/> Y <input type="checkbox"/> N		
Disability <input type="checkbox"/> Y <input type="checkbox"/> N		

Signature of Person Completing Form _____ Print Name _____

Title _____ Phone _____ Date _____

Company Name _____

Address _____

Workforce Center: PO Box 10 Anoka 55303-0010 Fax: 763-324-3630 <input type="checkbox"/>	Government Center: 2100 3 rd Avenue Ste 400, Anoka 55303-5047 Fax: 763-324-3620 <input type="checkbox"/>
Southern Neighborhood Center: 3980 Central Ave NE, Col. Hts. 55421-2324 Fax: 763-324-3630 <input type="checkbox"/>	Eastern Human Service Center: 9201 South Highway Drive Suite B, Lexington, MN 55014 Fax: 763-324-3630 <input type="checkbox"/>
CCA: Fax: 763-324-3730 <input type="checkbox"/>	

This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم .1-800-358-0377

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ໂພຣິ, ຈົ່ງຖາມນັກງານຊ່ວຍລຽກຂອງທ່ານຫຼືໂທຫາຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Person with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to the USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442: or
- (3) Email: program.intake@usda.gov.

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