



EMPLOYMENT VERIFICATION FORM

I. RELEASE OF INFORMATION (Completed by Employee)

I, _____, authorize the release of the following information to PACEAPP. I understand that additional information may be required from my employer and/or clients.

Employee Signature Date

II. WORK CONTACT INFORMATION (Please complete and proceed to Section III)

EMPLOYER - Must be fully completed by Employer's Personnel/Payroll Department

Name of Employee: _____

Employer: _____ Contact Name, Title: _____

Address: _____ Phone: _____

Date of Hire: ____ / ____ / ____ Date of Separation: ____ / ____ / ____

III. WORK SCHEDULE Please fill in the days and hours below

Schedule Effective Date: _____

Check this box if you do not have a set schedule and provide a sample of your estimated shifts below.

DAYS WORKING	TIME IN	LUNCH	TIME OUT	HOURS PER DAY
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Please indicate usual business operation hours:

Open: _____ Closed: _____ Days: _____

The above information pertains to the employee's eligibility for PACEAPP services and is subject to review and verification by representatives of the State of California and PACEAPP staff.

I declare under penalty of perjury under the laws of the State of California that the information that I have given on this form is true, correct and accurate.

Authorized Employer Representative Name (Print) Title

Authorized Signature Date

ADMINISTRATIVE USE ONLY:

Telephone Verification Completed By: _____ Date: _____

Contact Name, Title: _____ Phone: _____

As Applicable: Employer refused to verify employment. Employer was unresponsive to requests to verify employment.

Comments: _____