



City Of Biddeford

General Assistance

205 Main Street, Biddeford ME 04005

Phone: (207) 284-9514

Fax: (207) 571-0675

Employer Verification Form

The above named individual has applied to this department for assistance. We ask your cooperation in giving information regarding their employment with you, based on the provisions of MRS, Title 22, §4314. Any information you can give us will be appreciated

RE _____

Social Security Number _____

Employer: _____

Address: _____

I authorize the release of the following information to the City of Biddeford.

Signature _____ Date _____

PLEASE FILL IN ALL OF THE FOLLOWING INFORMATION:

Date of first employment _____
Full time or Part time

Date of first pay _____

Date of last employment _____
Full time or Part time

Date of last pay _____

Amount of last pay _____

Monthly Weekly Bi-weekly

Are any of the following benefits available for this employee? Please circle all that apply and provide following detailed information:

Worker's Compensation
Personal Time

Unemployment Compensation
Earned or Unearned Paid Time Off

Long Term Disability
Vacation Time

Short Term Disability
Sick Time

Amount received _____

Monthly

Weekly

Bi-weekly

Amount received _____

Monthly

Weekly

Bi-weekly

Start date _____

End date _____

Is this employee available for rehire by your company?

Yes

No

Unsure

If unsure, please explain _____

Reason for separation from employment (please be as specific as possible): _____

Signature _____

Date _____

Print Name _____

Phone Number _____