



City Of Biddeford

General Assistance

205 Main Street, Biddeford ME 04005

Phone: (207) 284-9514 Fax: (207) 571-0675

Employment Verification Form

Name: _____ Social Security #: _____

Employer: _____

Address: _____

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

Signature: _____ Date: _____

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, §4313. Any information you can give us will be appreciated.

Employer: Please fill in all of the following information:

Date of hire: _____ Date of first pay: _____

Hours per Week: _____ Rate of pay: _____

Date employment ended: _____ Date of last pay: _____

Amount of last pay: _____

Benefits available for this employee? Please circle all that apply and provide detailed information below:

Worker's Compensation Unemployment Compensation Long-Term Disability Sick Time

Short-Term Disability Personal Time Earned/Unearned Paid Time off Vacation Time

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: _____

If no longer employed (circle one): Fired Quit Laid-Off Other (explain)

Signature: _____ Date: _____

Print Name/Title: _____ Phone Number: _____