



**ALLEN COUNTY DEPARTMENT OF
JOB AND FAMILY SERVICES**

MHIL
2-16-17

Steven D. Barker, PHR 1501 S. Dixie Hwy. • P.O. Box 4506 • Lima, Ohio 45802-4506
Director (419) 228-2621 • FAX (419) 227-2448

EMPLOYMENT VERIFICATION

Please return this form to: **This side is to be completed by Employer Only**
 Employee Name SHARI TAPP Soc. Sec. No 340-74-0514
 Beginning Date of Employment _____ Ending Date of Employment _____
 Job Position / Title _____
 Was / Is employment: full-time _____ part-time _____ Hours Scheduled / Week _____
 Pay Frequency: Weekly _____ Bi-Weekly _____ Semi-monthly _____ Monthly _____
 Hourly Rate – Regular _____ Hourly Rate – Overtime _____
 Does your business have regularly scheduled overtime for employees? _____ If yes, average number of hours per week _____
 If currently employed, is the individual subject to any of the following? (Check those which apply and the amounts paid or withheld) Earned Income Credit _____ Garnishment of Court-ordered Child Support _____
 Other: _____
 Is group medical insurance available? Yes _____ No _____ If yes, date of enrollment _____
 Reason Employment Ended _____

PLEASE USE REVERSE SIDE OR ADDITIONAL PAPER IF NECESSARY.

PAY HISTORY (Note: Breakdown by Pay Period is a Must)

Date Paid	Gross Amount Paid	Rate	Tips (if not in gross)	Hours Worked	Date Paid	Gross Amount Paid	Rate	Tips (if not in gross)	Hours Worked

To your knowledge, has this person ever received: Workers' Compensation, Unemployment Compensation, tips, voluntary payroll withholdings, medical coverage, additional sick pay or any income other than that listed above? No _____ Yes _____
 If yes, please explain what was received and the amount. _____

Signature and position of person completing this form _____
 Name and Address of Company _____
 Phone _____ Date _____

APPLICANT/RECIPIENT AUTHORIZATION FOR RELEASE OF INFORMATION

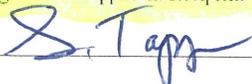
Name and Address of Person Asked to Supply Information EMPLOYER SOLUTION STAFFING #350 FILL OUT ADDRESS 12000 N. Washington Street Thornton CO 80241	For Office Use Only						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Recipient SHARI TAPP </td> <td style="width: 50%;"> Case Number 0005869348 </td> </tr> <tr> <td colspan="2"> Name of CDJFS Representative </td> </tr> <tr> <td> Unique Identifier D MORGAN </td> <td> Date Requested 01/23/2017 </td> </tr> </table>	Recipient SHARI TAPP	Case Number 0005869348	Name of CDJFS Representative		Unique Identifier D MORGAN	Date Requested 01/23/2017
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Name of CDJFS Representative							
Unique Identifier D MORGAN	Date Requested 01/23/2017						

I agree that the person named above may release to the **ALLEN County Department of Job and Family Services** the following information: Employment verification as requested on the reverse side of this form.

This information will be used to determine eligibility for public assistance and/or food stamps.

I am aware of my responsibility to report completely and fully all facts, which bear upon my eligibility for all public assistance and/or food stamps. I realize if the requested information reveals I have improperly reported my situation, the information may be given to the prosecuting attorney for possible civil action or criminal prosecution.

Completion of this form is voluntary, but necessary to determine eligibility for assistance.

Signature of Applicant Recipient 	Date 2/8/17
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This space provided for the reply.

Signature of Person Supplying Information	Title	Telephone Number	Date
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