



City of Auburn, Maine

General Assistance Office

60 Court Street | Auburn, Maine 04210

www.auburnmaine.gov | 207.333.6601 | X 1409

Employment Verification Form

Employee name: _____ Social Security #: _____

Employer: _____

Employer address: _____

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

Employee Signature: _____ Date: ____/____/____

Penalty for false information: Any person who knowingly and willfully makes any false representation of a material fact to the administrator for the purposes of causing himself/herself or any other persons to be granted assistance by the municipality or by the State maybe ineligible for assistance for a period of up to 120 days and be guilty of a class E crime (MRS 22 SS 4315) which carries a penalty of to \$1,000 fine and one year in jail.

Employer: Please fill in all 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: _____

If employed temporarily, part-time, or per diem, has employee refused any work? Please explain: _____

What benefits are 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

Please explain: _____

Print Name/Title: _____

Phone number: _____

Signature: _____

Date: ____/____/____