



# City of Auburn, Maine

General Assistance Office

Jeff Tardif, Manager

60 Court Street | Auburn, Maine 04210

www.auburnmaine.gov | 207.333.6601 | X 1411

## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**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: \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_