



START WORK INFORMATION

Name: _____ Case # _____
Today's Date: _____

Congratulations on your new job!!! Please provide the following information on your employment. You may complete this form yourself.

Name of Business/Company: _____

Company Address: _____
Street City State Zip

Company Phone Number: _____

Job Title: _____ Start Date: _____

WAGES AND BENEFITS

1. How often will you be paid? ___ weekly ___ biweekly ___ twice monthly ___ monthly
2. What day of the week will you receive your paychecks? _____
3. How many hours per week will you work _____
4. What hours and days will you work? _____
5. How much will you be paid? _____ per hour _____ per week _____
6. Date you will receive your first paycheck _____
7. Is health or dental insurance available to employees and their dependents?
Health _____ Dental _____
8. Date insurance cover will begin _____
9. Amount you will be required to pay for insurance _____

CHILDCARE

1. Do you need daycare for employment? _____ yes _____ no
2. Which days and hours of the week do you need daycare for employment?

IF YOU LEAVE YOUR JOB, IT IS NECESSARY TO CONTACT YOUR FINANCIAL WORKER AND EMPLOYMENT COUNSELOR(if you have one) WITHIN 10 DAYS.

Financial Worker _____ Employment Counselor _____

Service Center Cottage Grove
13000 Ravine Parkway
Cottage Grove, MN 55016
Phone: 651-430-4159
Fax: 651-430-4157

Service Center Forest Lake
19955 Forest Road North
Forest Lake, MN 55025
Phone: 651-275-7260
Fax: 651-275-7263

Government Center
14949 62nd Street North
P.O. Box 30
Stillwater, MN 55082-0030
Phone: 651-430-6455
Fax: 651-430-6605

Service Center Woodbury
2150 Radio Drive
Woodbury, MN 55125
Phone: 651-275-8650
Fax: 651-275-8682