

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

- How often will you be paid?
____ weekly ____ biweekly ____ twice monthly ____ monthly
- What day of the week will you receive your paychecks? _____
- How many hours per week will you work? _____
- What hours and days will you work? _____
- How much will you be paid? _____ per hour _____ per week
- Date you will receive your first paycheck _____
- Is health or dental insurance available to employees and their dependents?
Health _____ Dental _____
- Date insurance cover will begin _____
- Amount you will be required to pay for insurance _____

CHILDCARE

- Do you need daycare for employment? _____ yes _____ no
- 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 _____