



City of South Portland

Social Services

25 Cottage Road, South Portland ME 04106

Phone: (207) 767-7617 Fax: (207) 767-7620

Employment Verification Form

Name: _____ Social Security # (last 4 digits) _____

Employer: _____ Employer's phone: _____

Employer's Address: _____

I authorize the release of the following information to the City of South Portland:

Signature: _____ Date: _____

The above named individual has applied to this department for assistance. We ask your cooperation in giving information regarding their employment with you, based on the provisions of MRS, Title 22, §4313. Any information provided is appreciated.

Employer: Please fill in all of 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: _____

Benefits available for this employee? Please circle all that apply and provide detailed information below:

Personal Time | Earned/Unearned Paid Time off | Vacation Time | Unemployment Compensation |

Worker's Compensation | Long-Term Disability | Sick Time Short-Term Disability

Start Date: _____ End Date: _____ Amount Received: _____ Monthly | Weekly | Bi-Weekly

Is this employee eligible for rehire by your company? YES | NO | Unsure

If unsure, please explain: _____

If no longer employed (circle one): Fired | Quit | Laid-Off | Other (explain)

Signature: _____ Date: _____

Print Name/Title: _____ Phone Number: _____

Penalty for false representation: Any person who knowingly and willfully makes any false representation of a material fact to the administrator for the purpose of causing himself/herself or any other person to be granted assistance by the municipality or by the State may be ineligible for assistance for a period of up to 120 days and be guilty of a Class E crime (M.R.S.A. 22 ss 4315) which carries a penalty of up to \$1000 fine and one year in jail.