

CITY of MINNEAPOLIS EMPLOYMENT AND TRAINING **AUTHORIZATION TO VERIFY EMPLOYMENT**

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|------------|--------------------------------|
| TO: | |
| RE: | Social Security Number: |

Verification of the employment outcome of Minneapolis Employment and Training participants is an important evaluation tool to meet Federal Department of Labor requirements. To meet the requirements of the Department of Labor, our surveys will be done by contacting the employer. After you find a job, we may conduct follow-up interviews at quarterly intervals to verify employment information.

This authorization allows the release of only the information listed below to the service provider _____ and/or City of Minneapolis Employment and Training at 105 Fifth Avenue S., Suite 200, Minneapolis MN, 55401-2593.

| | |
|--|------------------------|
| Name of Employer: | |
| Contact Name: | Phone #: |
| Dates of Employment: _____ to _____ | Current Wage: |
| Job/Position Title: | Hours per week: |
| Currently receiving benefits (i.e. medical insurance): <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Employer Contact Signature: _____ Date: _____ | |

I agree to the release of the information specified above for up to 3 years after I exit the program and agree that a photocopy/FAX of this form is as valid as the original.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

PROGRAM EXIT DATE: _____