

KEYS PROGRAM EMPLOYMENT FORM

Employer Name_____

Employer Address_____

Employer Phone #_____

Is Health Insurance Available within six months? Yes or No

Your Job Title_____

Income Type:

Full Time or Part Time

Self Employed

Work Study

Work Experience/Paid Internship

Subsidized Employment

Start Date_____ **Previous Job End Date**_____

Hire Date if different than Start Date_____

Weekly Hours_____ **Shift:**_____ **Hourly Rate \$**_____

Still on TANF? Yes No

Foodstamps Only? Yes No

Pay Frequency: Every Week Every Two Weeks Twice per Month

Date of First Pay_____

*******Please attach a recent pay stub!!!!!!!**

Signature_____ **Date**_____

Do not write below this line(for office use only)

_____**Entered in CWDS** _____**Entered on end of semester report**

_____**Pay stub attached** _____**Sent to CAO**

