



SNAP E&T
 Please complete below in full and fax back to:
CareerSource Tampa Bay
 9215 North Florida Ave.
 Tampa, Florida
FAX #: 855-503-2973

Attention: _____ Fax #: () - _____

THANK YOU in advance for your assistance in this matter.

Participant Name: _____ SS#:XXX-XX-_____

Employer Name: _____

Employer Telephone #: () - _____ Employer Fax #: () - _____

Employer Address: _____
 (Street) (Suite)

_____ (City) (State) (Zip Code)

Job Title: _____ Employment Begin Date: ____/____/____

Is individual still employed with you: Y/N (circle one) If no, last date employed ____/____/____

Hours Worked Per Week: _____ Wage per Hour: \$_____ Fringe Benefits: Y/N (circle one)

Employer Contact Person Information: _____
 (Name) (Job Title)

Comments:

FOR OFFICE USE ONLY

By affixing my signature to this form, I confirm that I have verified ALL the employment information documented on this form in the manner noted below. I have entered a complete case note outlining the employer's name, employer contact person name, job title and telephone number; participant's job title, employment begin date, wage per hour, hours worked per week, benefits and any other pertinent information.

CareerSource Tampa Bay Signature: _____
 Date Employment Verified: ____/____/____

Verified by: Phone Fax Other: _____