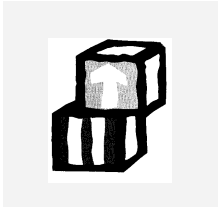




Please return to:
CAP AGENCY HEAD START
 2496 145th St. West
 Rosemount, MN 55068
 PHONE 651-322-3500 FAX 651-322-3555



REQUEST FOR EMPLOYMENT VERIFICATION

To Whom It May Concern:

We are required to verify the income of all applicants who apply for our Head Start Program. The Applicant listed below has indicated that he/she is/was receiving income from your agency in the past 12 months. Please supply the information requested below as promptly as possible. All information is protected under the Minnesota Data Privacy Act in determining eligibility. Thank you.

Head Start Staff: _____

EMPLOYEE MUST COMPLETE THIS SECTION

Employee: _____ Social Security #: _____

Home Address: _____ Phone #: _____

City: _____ State: _____ ZIP: _____

Company Name: _____

Work Address: _____

City, State, ZIP: _____

Work Phone: _____ Work FAX #: _____

My signature authorizes verification of my employment information and wages. You are hereby authorized to furnish all information requested on the inquiry.

Employee's Signature: _____ Date: _____

EMPLOYER MUST COMPLETE THIS SECTION

Employee's Title: _____

Date of Hire _____ Last date of employment: _____

Total monthly gross (before any taxes or deductions) income from this company for the months of:

<u>MONTH(S)</u>	<u>GROSS INCOME</u>	<u>Company Name, Logo or Stamp Here:</u>
_____	_____	<div style="border: 1px dashed black; width: 100%; height: 100%;"></div>
_____	_____	
_____	_____	

Completed by: (print) _____ Phone Number: _____

Signature: _____ Date: _____