

BRADFORD COUNTY HUMAN SERVICES

___ Child Care Information Services: 1-800-369-3599 -- fax: 570-265-1729

___ X Children and Youth Services: 1-800-326-8432 -- fax: 570-265-7066

___ Drug and Alcohol: 1-800-588-1828 -- fax: 570-265-8541

___ Mental Health: 1-800-588-1828 -- fax: 570-265-8541

___ Mental Retardation: 1-800-588-1828 -- fax: 570-265-8541

220 Main St., Unit 1, Towanda, PA 18848-1822

570-265-1760

EMPLOYMENT AND INCOME VERIFICATION

Company: _____

Employee: _____

ATTN.: _____

DOB: _____

Address: _____

Signature: _____

The person identified above has applied to provide foster care services to children placed by this agency. In connection with his/her application, we must verify employment and income. The Employee's signature above is your authorization to release this information. Please take a moment to answer the questions below and return this form in the envelope provided.

1. When was this employee hired? _____ Is he/she still employed by you? _____

If not, when did employment terminate? _____

2. What is/was this employee's average gross monthly income? \$ _____

3. What is/was this employee's job title? _____

4. If still employed, what sort of future does this employee have with this company? _____

5. Comments/Remarks: _____

(Signature)

(Title)

(Date)

Thank you.