

"Employment Verification"

Section A - RELEASE (to be completed by applicant)

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I authorize my employer to provide the employment information requested by the South Carolina JRJ Program.

Applicant's Name

Date

Section B - EMPLOYMENT (to be completed by employer)

The above named employee has applied for benefits from the South Carolina JRJ Program. Please complete the following section and return this form to the applicant.

Job Title of Employee: _____

Date of Hire: _____

Is the applicant employed full-time? ___ Yes ___ No

Name of Agency: _____

Office location (city) of employee: _____

Current Annual Salary: _____

I certify that the information provided above is true and complete to the best of my knowledge and that the applicant meets the South Carolina JRJ Program's eligibility definition of prosecutor or public defender.

Signature of Authorized Official

Date

Printed Name of Authorized Official: _____

Title: _____

Telephone Number: _____

E-mail: _____