OPERATION LIFELINE INC.

Tel: (904) 404-9977
intake@oplifeline.org/ www.oplifeline.org

VERIFICATION OF EMPLOYMENT

Applicant's Last Name: _____

The State of Florida requires that employment history and income information be verified for the person who has provided authorization below, in order to determine his/her eligibility for assistance. Your cooperation in providing the requested information is most appreciated. Please email form to:

Operation Lifeline
Email: **intake@oplifeline.org**
Tel: (904) 404-9977

Employer, Manager, Personnel Dept., please complete the applicable sections below:

Position: _____ Length of Time Employed: _____
Pay Rate: _____ Pay frequency (hr, wk, mo.): _____
Overtime pay rate: _____ Average overtime hours (wk., mo.): _____
Total annual base pay earnings: $_____ Total overtime base pay earnings: $_____
Amount and frequency of other compensation (bonus, raise, commission, tips): $_____
Vacation pay (yes or no): _____ If yes, number of days: _____
Retirement account (yes or no): _____ Amount accessible to employee: $_____
Total estimated gross annual income, including other compensation, for next 12 months: $_____

Signature of authorized representative: _____

Printed name: _____ Title:_____

Date: _____ Telephone: _____ Fax: _____

Authorization: I hereby authorize the release of the employment information above for the sole purpose of determining eligibility for program assistance.

Signature of Applicant/ Co-Applicant/Household Member	Printed Name	Date

Note: Florida Statue 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.