

## SJDA Verification of Employment / Volunteer

This Form Must Be Completed by Human Resources Director, General Manager, or Business Owner

Applicant (Print Name, Fi	rst and Last):		
I believe my position	qualifies as Essential Wor	kforce as defined in the	e Ownership Lottery Procedure.
Consent to Release Information: My signature below authorizes verification of my employment information.			
Applicants must sign and	date below before submitt	ing this form to their en	nployer.
Applicant Signature:		Date:	
	ou permission to supply us with in		income and hours worked. The individual has ovided will remain confidential. Please return
of the employee's housing appli	cation. This document is a SUPPLE	MENT to the Buyer Application	llegible information can delay the processing on and supporting documents submitted by form does not guarantee buyer eligibility
	Emplo	oyer Information	
Employer Name:	First	Last	·
Business Name:			
	treet Tow	_	& Zip Code
Employer Phone:	Employer E	-mail·	
	Hour	Information	
Date of Hire: Position:			
Is this position (check one):	Full-Time Year Round	Part-Time Year F	Round
	Full Time Seasonal	Part-Time Seaso	onal
Regular Hours per Week:			ek:
Seasonal Employ	yees (Dates should be estima	ted based on best inform	ation available if not know):
Current/Next Season Start [	Date (mm/dd/yyyy): ———	End Date (mm/do	I/yyyy):
Under penalty of perjury, I de best of my knowledge and be	eclare that all information contair elief.	ned herein is true, correct, ar	nd complete to the
Signature of Employer HR Rep. or Manager		Title	Date
Printed Name			

