



**Cass County Social Services**

Economic Assistance  
PO Box 2985  
Fargo, ND 58108  
701-241-5761  
701-239-6820 (fax)

**EMPLOYMENT VERIFICATION REQUIRED**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ (last 4 digits)

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

*(This section needs to be completed by the employer/manager and based on current hire/rehire date.)*

Hire/Rehire Date: \_\_\_\_\_ First Pay Date: \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_/hr.

Hours per week: \_\_\_\_\_ Frequency of Pay:  Weekly  2 weeks  2 x month  1 x month  Other

Are tips or commission received?  Yes  No If Yes, how much per pay period? \_\_\_\_\_

Please list all gross wages received during the following dates: \_\_\_\_\_ through \_\_\_\_\_

***(List each pay date and gross amount for that pay date separately OR attach payroll report as documentation.)***

Pay Date	Gross Wages	Pay Date	Gross Wages

Please list the anticipated work days and the hour range for each day. As an example, 8:00 am - 4:00 pm.

Day of the Week	Hour Range per Day	Day of the Week	Hour Range per Day
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

\_\_\_\_\_  
Employer Name (print)

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

**Authorization to release information to Cass County Social Services**

I authorize any person having custody or knowledge of the information relating to me to disclose any requested information, including confidential information other than protected health information, to any authorized agent of the North Dakota Department of Human Services. This authorization will remain valid until assistance ends or until revoked in writing. A copy of this authorization is as valid as the original.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

*The person(s) named above agreed to electronically sign and submit this form.*

Return to: \_\_\_\_\_ - \_\_\_\_\_