County of San Benito - Employment Services

Phone: (831) 636-4180

Worker Name:
Worker ID:
Worker Phone Number:
Date:
Case Name:
Case Number:

Employment & Income Information

Please complete the following information and return by: _____

Name of Employer: _____

Employer Address: _____

_____

_____

Job Title: _____ Hire Date: _____ Start Date: _____

1. Hours expected to work per week: _____

2. Rate: $_____ per   hour ☐   day ☐   week ☐   month ☐

3. Paid every: day ☐   week ☐   every other week ☐   twice a month ☐   monthly ☐

4. Date(s) paid: _____ , _____ , _____ , _____

5. Expected date of first paycheck: _____

6. Health insurance coverage: yes ☐   no ☐

7. Child care expense: yes ☐   no ☐

Signature: _____ Date: _____