



EMPLOYMENT VERIFICATION FORM

Date: _____

Applicant Information

Name: _____ DOB: _____

Applicant Marital Status: Single Married Separated Divorced

Name of spouse (if applicable): _____

Employer Information

Greater Birmingham Project Access has received a program application form the applicant above who has identified you as their employer or their spouse's employer. Your cooperation in verifying their employment status is greatly appreciated.

Company/Employer Name: _____

Company/Employer Phone: _____

This statement is to advise that Mr./Ms./Mrs. _____
is currently employed by the above in the capacity listed below:

Date of Hire: _____ Title: _____

Av. Hrs. Weekly: _____ Hourly Rate: _____ OR Weekly Pay Rate: _____

Insurance offered to this Employee: YES NO

STATE OF ALABAMA

Employer's signature: _____

Signed and sworn before me this _____ day of _____

NOTARY PUBLIC My commission expires: _____

[Notary Seal]

Note to Employers: Greater Birmingham Project Access is a charity specialty care program for individuals in need of medical care. GBPA is requesting this information with the sole purpose of determining eligibility for our program. This information is considered confidential and will not be disseminated to any other entity at any time.