

Employment Information – **MUST BE COMPLETED BY EMPLOYER**

Logan County Department Of Job & Family Services  
211 East Columbus Avenue Bellefontaine, Ohio 43311  
(937)599-5165 (937)843-3488 Fax-(937)592-4395

Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

DBA (Doing Business As) \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone # \_\_\_\_\_ Employer's Fax# \_\_\_\_\_

Date Employment Started: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

Average Number Of Hours Scheduled Per Week: \_\_\_\_\_

How Often Is Pay Received: Weekly, Bi-Weekly, Twice A Month, Monthly (circle one)

Day Of Week Pay Is Received: \_\_\_\_\_ Tips Included: Y or N (circle one)

Date First Pay Will Be Received: \_\_\_\_\_ Gross Amount \_\_\_\_\_

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**IF EMPLOYMENT ENDED:**

Last Day Of Work: \_\_\_\_\_ Date Of Last Pay Check: \_\_\_\_\_

Gross Amount Of Last Pay Check: \_\_\_\_\_

Total Gross Earnings For:

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Reason Employment Ended: Quit -- Fired -- Laid Off (circle one)

Employer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return To Department Of Job & Family Services By: \_\_\_\_\_

\_\_\_\_\_  
**CASEWORKER**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CLIENT'S SIGNATURE**

\_\_\_\_\_  
**Date**

Does the employee have health insurance: Y or N (circle one)

COMMENTS: \_\_\_\_\_

\_\_\_\_\_