

Mercer County Opportunity Industries Inc.
Community Rehabilitation Program

Employer Verification/Release Form

Program Client:

I hereby authorize MCOI's Community Rehabilitation Program staff to obtain information from future employers regarding my employment status, wage rate, job title, and number of hours worked each week. This form will be used during performance evaluations and also grants permission for Community Rehabilitation Program staff to discuss work progress.

Client Signature: _____

Staff Signature: _____

Date: _____

Employer:

Please provide the following requested information for the individual reflected above.

Employment Status: _____

Job Title: _____

Wage Rate: _____

Start Date: _____

Number of Hours Worked Per Week: _____

FEIN: _____

Company Name: _____

Address: _____

Phone Number: _____

Employee Signature: _____

Date: _____