



State of Utah
Department of Workforce Services
EMPLOYMENT INFORMATION

Case Name: Case #:
Employed Person: SSN:

For new and returning employment, the entire form must be completed and signed. To verify changes to your current employment, the employer information and questions relating to changes of employment must be completed, and the form signed.

Please use a black pen to complete form.

Employer Information:

Company Name: Corporate Name (if different):
Company Address:
Name of Supervisor or HR contact: Phone Number:

- 1. Date employment began or returned to work after leave of absence:
2. Is the employment temporary?
3. Is the employment considered Educational Work Study?
4. Hourly wage or Salary:
5. Number of hours worked each week:
6. Is overtime offered on a regular basis?
7. Will the weekly number of hours worked each week vary?
8. How often paid?:
9. Date first paycheck will be (or was) received:
10. When does the pay period end (ex: every other Friday or 15th & 30th)?
11. Does employment include Tips, Commission, Health Savings Account or Shift Differential?
12. Does employment include bonuses (holiday, profit-sharing, performance, etc.)?
13. Does employer offer Medical, Health, Accident or Comprehensive Insurance?
14. If terminated, list the termination date: Date of final pay check:

Employer Signature* Date
Customer Signature Date

*Additional verification will be required if employer does not sign form.

Return form to employee or to DWS. If returning to DWS, mail, email, or fax to:

Department of Workforce Services
Imaging Operations
P.O Box 143245
Salt Lake City, UT 84114-3245

Salt Lake City Area: 801-526-9500
Toll free: 1-877-313-4717

Email: imagingops@utah.gov

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.