

**Maryland State Department of Education
Division of Rehabilitation Services
Employment Verification: Self-Report**

Your Name: _____

Your Email: _____ **Your Phone:** _____

Business/Employer Name: _____

Work Street Address: _____

Work City, State, Zip: _____

Work Phone Number: _____

Your Job Title: _____ **Start Date:** _____

How much are you earning? \$ _____ per ☐ Hour ☐ Other: _____

Hours Worked Per Week: _____ ☐ Full Time ☐ Part Time

Employment Benefit Information (check all that apply):

- ☐ 401K or other retirement account ☐ Paid Vacation
☐ Some benefits will be available after probationary period

Do you have health insurance?

☐ No ☐ Yes, through my employer ☐ Yes, other: _____

Do you receive any public support benefits? ☐ Yes ☐ No

If yes, please enter amount per month received:

TANF (Social Services): \$ _____ VA (Veterans Benefits): \$ _____
General Assistance (Social Services): \$ _____ Workers' Compensation: \$ _____
Other Disability: _____ \$ _____

May DORS contact your employer? ☐ Yes ☐ No

If yes, please provide your Supervisor's name and phone number:

DORS procedure is to close cases as successful after a minimum 90 days of employment. If additional services are needed, please provide your contact information below.

Please choose one of the following statements below. Contact your DORS counselor if you have any questions:

- ☐ I am currently satisfied with my employment, and **I do not need further services** at this time.
☐ I am satisfied with my employment, but **I may need additional services**. Please contact me.
☐ I am **NOT satisfied** with my employment. Please contact me.

Your Signature: _____ **Date:** _____