



Income Assistance

Case Number: _____

Form F – Employment Confirmation

Applicant Information

Last Name	First Name
Telephone	Date of Birth (YY/MM/DD) / /
Current Mailing Address	
Community	, NT Postal Code

Declaration

I understand the information on this form will be used for the sole purpose of confirming my employment status. I understand if there are any changes to my personal or financial situation, I must notify my Client Services Officer immediately.

Applicant Signature	Date (YY/MM/DD) / /
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Employer Information – to be completed by Employer

Name of Company Firm/Person	
Occupation/Job Title	
Address	Email
Telephone	Fax Number
This Employment is: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Seasonal	
Start Date (YY/MM/DD) / /	End Date (YY/MM/DD) / /
First Pay Date (YY/MM/DD) / /	Terms of Employment
Expected Salary (Hourly)	Expected Salary (Two Weeks)
Payment will be: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	
Is this employee able to receive an advance prior to first pay? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how much?	
Employer Job Title	
Employer Signature	Date (YY/MM/DD) / /