

DEPARTMENT OF COMMUNITY SERVICES

Housing and Community Services

104 Powell Street
Centreville, MD 21617

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*Queen
Anne's
County*

County Commissioners:

- James J. Moran, At Large
- Jack N. Wilson, Jr., District 1
- Stephen Wilson, District 2
- Robert Charles Buckey, District 3
- Mark A. Anderson, District 4

EMPLOYMENT VERIFICATION

The applicant identified herein has applied for financial assistance through the Queen Anne's County Community Service Program. The signature below authorizes the County to obtain the information requested, which is for the confidential use of the Queen Anne's County Department of Housing & Community Services.

I herewith authorize you to complete and return the following certification to the above address.

Name

Social Security Number

Signature

Position held by applicant: _____

Dates of Employment: From: _____ To: _____

Probability of Continued Employment: _____

Current Rate of Pay: Hourly \$ _____ Annually \$ _____

Additional Compensation: Overtime \$ _____ Commission \$ _____ Bonus \$ _____

Employer

Title of Person Completing Form

Signature

Date

