



*Queen  
Anne's  
County*

## DEPARTMENT OF COMMUNITY SERVICES

### Housing and Community Services

104 Powell Street  
Centreville, MD 21617

Telephone: (410) 758-3977

Fax: (410) 758-4499

e-mail: [DHCS@gac.org](mailto:DHCS@gac.org)

#### *County Commissioners:*

James J. Moran, At Large  
Jack N. Wilson, Jr., District 1  
Stephen Wilson, District 2  
Philip L. Dumenil, District 3  
Christopher M. Corchiarino, 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

