

PERRY COUNTY PRISON

300 South Carlisle Street
New Bloomfield, Pa 17068
(717) 582-2262
Fax (717) 582-2377

STATEMENT OF EMPLOYER

Name of Applicant: _____

_____ I agree to employ the above-named person on a Work Release Program, conditioned upon successful completion of screening by the Work Release Director.

_____ I do NOT have employment available for this applicant.

IF YOU HAVE EMPLOYMENT AVAILABLE FOR THIS APPLICANT, PLEASE COMPLETE THE REMAINDER OF THIS STATEMENT FORM.

Applicant's position/occupation will be _____

Please give a brief description of the employment duties _____

Salary or wage rate is \$ _____ per _____

Employee is paid on what day of the week? _____

Is the employee paid with a check or direct deposit? _____

Employee is employed on a biweekly or weekly basis? _____

Work week runs from _____ to _____

Work hours of employee are from _____ to _____

If work hours vary, please provide a complete work schedule in the remarks section at the end of this form.

Date employment will be available: _____

Latest date employment will be available: _____

Is overtime available? _____ Is overtime mandatory? _____

Will the employee be required to leave the worksite or travel without supervision?
(i.e., deliveries, etc.)

Yes _____ No _____ If yes, explain: _____

Is applicant's spouse/girlfriend also employed by you? Yes _____ No _____

If yes, what is the position? _____

Name of Supervisor or Contact Person: _____

Position: _____ Telephone No.: _____

Name of Alternate Contact Person: _____

Position: _____ Telephone No.: _____

Fax No.: _____ Name of Company: _____

Company Mailing Address: _____

Workman's Compensation Information (Required for Work Release)

Insurance Carrier: _____

Agency & Telephone: _____

Policy Number: _____

Health Insurance Information (if provided)

Insurance Carrier: _____

Policy Number: _____

Will your company be able to provide or arrange transportation to and from work for this
employee? Yes _____ No _____

Other information or remarks: _____

Employer's or Supervisor's Signature: _____

Date: _____