

Employment Information:

Name: _____

Your probation officer must document information concerning your employment. Please complete this form entirely and return it to your officer.

Company Name: _____

Address: _____

City: _____

Company Phone Number: _____

Start Date: _____

Status (circle one): Part-time Full-time

Salary (per hour, week, or annual): _____

Occupation/Job Title: _____

Hours per week: _____

Shift: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____

Does your employer know about your conviction? Yes No

Can your employer be contacted by the Probation Officer? Yes No

How will you be paid (cash, company check)? Cash Company Check Cash

Will taxes be withheld from your paycheck? Yes No

Note: If you were previously employed, please complete the following:

Name of Previous Employer: _____ Date of Separation: _____

Reason for Leaving: _____

Are you eligible for rehire? Yes No