



Laborers Funds Administrative Office of Northern California, Inc.

5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588 | Telephone: 707-864-2800 or 800-244-4530

Verification for Post-Retirement Employment

(TO DETERMINE PROHIBITED EMPLOYMENT)

APPLICANT'S NAME		SSN	
Employer Information			
NAME OF COMPANY			
STREET ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER	TYPE OF BUSINESS		
EMPLOYER PERFORMS FOLLOWING SERVICES:			
Job Summary			
APPLICANT'S JOB TITLE			
SPECIFY JOB LEVEL (CHECK OFF APPLICABLE BOX): <input type="checkbox"/> HOURLY EMPLOYEE <input type="checkbox"/> SALARY <input type="checkbox"/> SELF-EMPLOYED			
<input type="checkbox"/> EMPLOYEE IS CONSIDERING EMPLOYMENT <input type="checkbox"/> EMPLOYEE STARTED EMPLOYMENT ON _____.			
SPECIFY DUTIES & RESPONSIBILITIES EMPLOYEE WILL PERFORM			
WILL THESE JOB DUTIES INVOLVE WORK PERFORMED BY THOSE WORKING IN THE BUILDING TRADES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU AN EMPLOYER SIGNATORY OR REQUIRED TO MAKE CONTRIBUTIONS TO ANY OF THE LABORERS TRUST FUNDS FOR NORTHERN CALIFORNIA UNDER A COLLECTIVE BARGAINING AGREEMENT?			
<input type="checkbox"/> YES, INDICATE ACCOUNT NO. _____ <input type="checkbox"/> NO, I AM NOT SIGNATORY EMPLOYER			
I hereby certify that the information contained herein is true and correct to the best of my knowledge.			
DATE	EMPLOYER SIGNATURE	EMPLOYER TITLE	