



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 WHO IS REQUIRED TO MAKE CONTRIBUTIONS FOR THIS EMPLOYMENT TO ANY BUILDING TRADE TRUST FUNDS UNDER A COLLECTIVE BARGAINING AGREEMENT?			
<input type="checkbox"/> YES – INDICATE BUILDING TRADE TRUST FUND: _____			
LIST ACCOUNT NUMBER WITH TRUST FUND: _____			
<input type="checkbox"/> NO, NOT REQUIRED TO MAKE CONTRIBUTIONS			
I hereby certify that the information contained herein is true and correct to the best of my knowledge.			
DATE	EMPLOYER SIGNATURE	EMPLOYER TITLE	