



**Employment Verification**  
(TO DETERMINE PROHIBITED EMPLOYMENT)

<p>EMPLOYER: IN ORDER TO DETERMINE IF YOUR EMPLOYEE OR PROSPECTIVE EMPLOYEE WOULD BE WORKING IN EMPLOYMENT PROHIBITED BY THE PENSION PLAN, WE ASK THAT YOU COMPLETE AND RETURN THIS VERIFICATION AS SOON AS POSSIBLE.</p>			
<p>APPLICANT'S NAME</p>		<p>SOC. SEC. NO.</p>	
<p><b>Employer Information</b></p>			
<p>NAME OF COMPANY</p>			
<p>STREET ADDRESS</p>		<p>CITY</p>	<p>STATE ZIP CODE</p>
<p>TELEPHONE NUMBER</p>		<p>TYPE OF BUSINESS</p>	
<p><b>Job Summary</b></p>			
<p>APPLICANT'S JOB TITLE</p>			
<p>SPECIFY JOB LEVEL (CHECK OFF APPLICABLE BOX)</p>			
<p><input type="checkbox"/> HOURLY EMPLOYEE    <input type="checkbox"/> SALARY/EXEMPT    <input type="checkbox"/> ADMINISTRATION/MANAGEMENT</p>			
<p>SPECIFY DUTIES &amp; RESPONSIBILITIES</p>			
<p>ARE YOU AN EMPLOYER WHO IS REQUIRED TO MAKE CONTRIBUTIONS TO ANY OF THE LABORERS TRUST FUNDS FOR NORTHERN CALIFORNIA UNDER A COLLECTIVE BARGAINING AGREEMENT?</p>			
<p><input type="checkbox"/> YES INDICATE ACCT. NO.: _____ <input type="checkbox"/> NO</p>			
<p>I hereby certify that the information contained herein is true and correct to the best of my knowledge.</p>			
<p>DATE</p>	<p>SIGNATURE</p>	<p>TITLE</p>	
<p><b>FOR FUND OFFICE USE ONLY</b></p>			
<p><input type="checkbox"/> PROHIBITED EMPLOYMENT    <input type="checkbox"/> NOT PROHIBITED EMPLOYMENT    BY: _____    DATE: _____</p>			