



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>			
APPLICANT'S NAME		SOC. SEC. NO.	
Employer Information			
NAME OF COMPANY			
STREET ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER		TYPE OF BUSINESS	
Job Summary			
APPLICANT'S JOB TITLE			
SPECIFY JOB LEVEL (CHECK OFF APPLICABLE BOX)			
<input type="checkbox"/> HOURLY EMPLOYEE <input type="checkbox"/> SALARY/EXEMPT <input type="checkbox"/> ADMINISTRATION/MANAGEMENT			
SPECIFY DUTIES & RESPONSIBILITIES			
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?			
<input type="checkbox"/> YES INDICATE ACCT. NO.: _____ <input type="checkbox"/> NO			
I hereby certify that the information contained herein is true and correct to the best of my knowledge.			
DATE	SIGNATURE	TITLE	
FOR FUND OFFICE USE ONLY			
<input type="checkbox"/> PROHIBITED EMPLOYMENT <input type="checkbox"/> NOT PROHIBITED EMPLOYMENT BY: _____ DATE: _____			