



Ashtabula County Job & Family Services

Patrick J. Arcaro, Executive Director

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Case Name / Nombre de Caso: _____

Case Number / Numero De Caso: _____

EMPLOYMENT VERIFICATION / VERIFICACION DE EMPLEO

NEITHER I, NOR, ANY MEMBER OF MY HOUSEHOLD, HAVE BEEN EMPLOYED IN THE LAST SIX (6) MONTHS (REDETERMINATION), 60 DAYS (INTAKE).

EN LOS ULTIMOS SEIS (6) MESES, O, DESDE LA ULTIMA REAPLICACION, NI YO, U OTRO MIEMBRO DE MI CASA HA ESTADO EMPLEADO.

Signed / Firmado por:

Date / Fecha:

EITHER I, OR A MEMBER OF MY HOUSEHOLD, HAVE BEEN EMPLOYED IN THE LAST SIX (6) MONTHS (REDETERMINATION), 60 DAYS (INTAKE), AT THE FOLLOWING:

EN LOS ULTIMOS SEIS (6) MESES, O, DESDE LA ULTIMA REAPLICACION, YA SEA YO, U OTRO MIEMBRO DE MI CASA HA ESTADO EMPLEADO EN LO SIGUIENTE:

<u>NAME / NOMBRE</u>	<u>EMPLOYER / EMPLOEADOR</u>	<u>DATES / FECHAS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed / Firmado por:

Date / Fecha:

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