

PITTSBURGH PARTNERSHIP PLACEMENT VERIFICATION FORM

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First MI

Employment-Please Print Clearly In Ink

- 1. Name of employer: \_\_\_\_\_
- 2. Address of employer: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3. Contact for verification: \_\_\_\_\_ Phone \_\_\_\_\_
- 5. Job Title: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Start Date: \_\_\_\_\_ Wage: \_\_\_\_\_
- 6. Does the Fringe Benefit package have health insurance coverage within 6 months? \_\_\_\_\_

Employment Status – First quarter following Exit Quarter:

- 1. Name of employer: \_\_\_\_\_
- 2. Address of employer: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3. Contact for verification: \_\_\_\_\_ Phone \_\_\_\_\_
- 4. Job Title: \_\_\_\_\_ Hours/Week \_\_\_\_\_ Start Date \_\_\_\_\_ Wage: \_\_\_\_\_

Educational Placement (After training)

- 1. Name of academic institution/school: \_\_\_\_\_
- 2. Address of the institution/school: \_\_\_\_\_
- 3. Start date of schooling: \_\_\_\_\_ Training name \_\_\_\_\_

Signature of submitting agency official: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractor/Agency Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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Pittsburgh Partnership Staff Verification

Information Verified: \_\_\_\_\_ Unverified: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_