

NOTICE OF EMPLOYMENT

Hennepin County Training and Employment Assistance (TEA)
 330 12th St. South, Suite 3406
 Minneapolis, MN 55404
 (612) 348-8953

We congratulate you on beginning your new job. Please accurately and thoroughly fill out the unshaded portion of this form and return it to your Job Counselor or the Resource Room desk. Thank you.

INFORMATION ABOUT YOU

Your Name	Case #	Social Security #
Last: _____ First _____		

INFORMATION ABOUT THE EMPLOYER

Company Name	Supervisor's Name
Company Address	Company Phone number () _____
City	Zip Code: _____

INFORMATION ABOUT YOUR JOB

Job Title:	Date you began working	# Hours per week:	Hourly pay \$	Perm _____ Temp _____ Other _____
Days scheduled Each week (Circle): M T W Th F Sat Sun	Shift worked	1 st _____ 2 nd _____ 3 rd _____	Start: _____ Finish _____	Is Health Insurance Provided? Yes _____ No _____
How did you learn about this job?				
When are you paid? Every Week _____ Every Two Weeks _____ Once every Month _____ Twice a month _____	Payday is on (Circle): M T W Th F Sat Sun	If not permanent, about how many weeks or months is this job expected to last? _____ weeks _____ months		
<i>I certify that the information I provided is true and correct.</i>				
Your Signature			Date	

THIS SECTION TO BE COMPLETED BY TEA STAFF ONLY:

NOE taken by	Date client reported employment	Employment Counselor Name	Date keyed by staff
DOT Job Title	DOT Job Code	SIC Industry Code	TEA Program (circle one) MFIP FSET PEP
Expected monthly Gross income: \$	Comments:		