PACE
PEOPLE ACTING IN COMMUNITY ENDEAVORS
For Brighter Futures

MASSACHUSETTS HOME ENERGY ASSISTANCE AND WEATHERIZATION

EMPLOYMENT HISTORY FORM

EMPLOYEE NAME _____ APPLICATION # _____

ADDRESS _____ CITY _____ ZIP _____

I HEARBY AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION TO THE P.A.C.E. FUEL ASSISTANCE PROGRAM

_____
CLIENT SIGNATURE

**********TO BE COMPLETED BY EMPLOYER**********

EMPLOYER_____

STARTING DATE _____TERMINATION DATE _____

PLEASE PROVIDE THE GROSS WEEKLY INCOME FOR THE FOLLOWING WEEKS

WEEK ENDING	GROSS AMOUNT	OVERTIME/TIPS

_____ _____ _____
EMPLOYER PRINT NAME EMPLOYER/REPRESENTATIVE DATE

_____
TELEPHONE NUMBER

THIS FORM IS NOT VALID WITHOUT EMPLOYER'S SIGNATURE AND MUST ATTACH ONE PAY STUB