

EMPLOYMENT INFORMATION FORM-
Nebraska Crime Commission 2019 John R. Justice (JRJ) Program

Applicant Name: _____

SECTION A: EMPLOYMENT INFORMATION
The following information shall represent the applicant's current employer.

Employer Name: _____

Employer Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____

Supervisor Name: _____ **Title:** _____

Supervisor Telephone #: _____ **Supervisor Fax #:** _____

Supervisor Email: _____

Employer Type: _____

If Other, please specify: _____

Annual Gross Income: _____

SECTION B: EMPLOYMENT SERVICE
The following information shall determine the applicant's eligibility.

Position Title: _____ **Hire Date:** _____

Type of Work: _____

If Other, please specify: _____

Position Status: _____

If Part Time, please indicate the average number of hours worked in a normal week: _____

Note: Full-time employment is considered "not less than 75% of a 40 hour work week".

SECTION C: CERTIFICATION

I certify that all information provide above is true and accurate as of this date. I acknowledge that falsified information could result in the denial of my grant request or termination of such contract if I am awarded funds under the JRJ Program. I agree to provide additional verification of any information provided as requested.

Applicant Signature: _____ **Date:** _____

I certify this individual is a current employee of the above referenced agency and that all information provided is true and accurate as of this date.

Supervisor Signature: _____ **Date:** _____