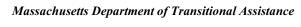
Do





Request for Employment Information

					Date:		
o:			Re	e:			
,							
Employer's	Address			Address			
City	State	ZIP		City	State	ZIP	
Dear:				SSN			
below, w	hether or no	t he or she is <u>ca</u>	<i>urrently</i> in your	employ and tha		the appropriate boent wage information.	
				Worker			
				Local Office	;		
				Address			
				City	State	ZIP	
			Authorizing	Statement			
Assistan					Department of Tr authorize them to		
Individua	al Signature			Date			
			Employer	Statement			
□ The ab	ove individua l	is not currently	in my employ.	Date last wor	ked / /		
□ The ab	ove individua l	is currently in m	ny employ.	Date of Initia	l employment /	1	
Employe	r Signature			Date			
Wage info	ormation for th	ne indicated perio	ods:				
	Hour / Earning		ate: / / Ea	Hours:	_ _ Date: / / [Earnings:\$	

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