CHARLES TOWN WELFARE BENEFIT TRUST **EMPLOYEE**

BENEVOLENCE REQUEST

Applications will be processed on or about the 1st & 15th of each month

DATE					
NAME					
LAST	FIRST		MIDDLE	DATE OF BI	RTH
ADDRESS					
CELL					
PH0NE_		SS #			
TYPE OF LICENSE					
EMPLOYER					
LENGTH OF EMPLOYMENT(DATE EMPLOYMENT BEGAN)					
REASON FOR REQUEST	PAID BILLS)				
	CERTI	FICATION			
I	HERER	Y CERTIFY THA	Т		
l,	I Tame C Company			(PRINT)	EMPLOYEE'S NAME
HAS WORKED FOR ME AS A	5	BINCE	AT \$		PER WEEK.
PROOF OF EMPLOYMENT: (PAY STUD), 1099)				
EMPLOYEE WEST VIRGINIA PERMIT N					
COPY OF PICTURE BADGE FOR EMPL	OYEE				
EMPLOVER'S SIGNATURE	PHON	 F#	_	DATE	