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 BIRTH*

ADDRESS_____

_____

CELL _____

PH0NE_____ SS #_____

TIN#_____

TYPE OF LICENSE_____

EMPLOYER_____

LENGTH OF EMPLOYMENT_____
(DATE EMPLOYMENT BEGAN)

REASON FOR REQUEST_____
(ATTACH BILLS - ESTIMATES OR RECEIPTS OF PAID BILLS)

CERTIFICATION

I, _____HEREBY CERTIFY THAT _____
(PRINT) EMPLOYER'S NAME ***(PRINT) EMPLOYEE'S NAME***

HAS WORKED FOR ME AS A _____SINCE _____ AT $_____ PER WEEK.

PROOF OF EMPLOYMENT: (PAY STUD, 1099) _____

EMPLOYEE WEST VIRGINIA PERMIT NUMBER _____

COPY OF PICTURE BADGE FOR EMPLOYEE

_____ _____ _____
EMPLOYER'S SIGNATURE ***PHONE #*** ***DATE***

REVISED 7-1-2007