



Project Access Nashville Specialty Care
A Joint Program of the
Nashville Academy of Medicine,
The Metro Public Health Department and
Family and Children Services
3301 West End Avenue, Suite 100,
Nashville, Tennessee 37203
P: 615-712-6237
F: 615-712-6247

The undersigned, being duly sworn, states and declares:

Date: _____

Applicant Name: _____

Applicant DOB: _____

Applicant Address: _____

Applicant Zip: _____

Project Access Nashville has received a program application from Mr./Ms./Mrs. _____

_____ who identified you as an employer. Your cooperation in verifying the employment status of this applicant would be greatly appreciated.

Company Name (write N/A if not applicable): _____

Company Address: _____

Company Zip: _____

Employer Contact: _____

Monthly Wage: _____

Phone: _____

Insurance offered: (Y/N) _____

This statement is to advise that Mr./Ms./Mrs. _____ is currently employed by you in the capacity listed below.

Date of Hire: _____ Title: _____

Average Hours per week: _____

Part-time: _____ Full-time: _____ Day Labor: _____ Seasonal: _____

Pay Schedule:

Daily _____ Weekly _____ Bi-weekly _____ Monthly: _____

STATE OF TENNESSEE

Applicant's Signature: _____

DAVIDSON COUNTY

Signed and sworn before me this _____ day of _____, 2016.

[Notary Seal]

NOTARY PUBLIC My Commission expires _____.

STATE OF TENNESSEE

Employer's Signature: _____

DAVIDSON COUNTY

Signed and sworn before me this _____ day of _____, 2016.

[Notary Seal]

NOTARY PUBLIC My Commission expires _____.