



3301 West End Ave, Suite 100  
Nashville, TN 37203  
615-712-6237 office  
615-712-6247 fax

PROJECT ACCESS NASHVILLE SPECIALTY CARE

The undersigned, being duly sworn, states and declares:

**FOR APPLICANT:**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant DOB: \_\_\_\_\_

Applicant Marital Status (circle): Single Married Divorced Separated

Applicant Employed: [ Y / N ] Applicant's Spouse Employed: [ Y / N ]

Applicant's Spouse's Name (If Applicable): \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

**FOR EMPLOYER:**

Project Access Nashville has received a program application from Mr./Ms./Mrs. \_\_\_\_\_ who identified you as their employer or their spouse's employer. Your cooperation in verifying the employment status of this applicant is greatly appreciated.

Company Name (N/A if not applicable): \_\_\_\_\_

Company Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance offered to this employee: [ Y / N ] Insurance offered to employee's spouse, if applicable: [ 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: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ OR Weekly Rate: \_\_\_\_\_

STATE OF TENNESSEE  
DAVIDSON COUNTY

Applicant's Signature: \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

[Notary Seal]

NOTARY PUBLIC My Commission expires \_\_\_\_\_.

STATE OF TENNESSEE  
DAVIDSON COUNTY

Employer's Signature: \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

[Notary Seal]

NOTARY PUBLIC My Commission expires \_\_\_\_\_.