



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

PROJECT ACCESS NASHVILLE SPECIALTY CARE

EMPLOYER FORM

Applicant Information:

Date: _____

Applicant Name: _____ Applicant DOB: _____

Applicant Phone: _____

Applicant Marital Status (circle): Single Married Divorced Separated

Employer Information:

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: _____

Company Address: _____

Employer Name: _____ Phone: _____

Insurance offered to this employee: [Y / N]

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

Date of Hire: _____ Title: _____

Average Hours per week: _____ Hourly Rate: _____ OR Weekly Rate: _____

STATE OF TENNESSEE

Applicant's Signature: _____

Signed and sworn before me this _____ day of _____, 2019.

[Notary Seal]

NOTARY PUBLIC My Commission expires _____.

STATE OF TENNESSEE

Employer's Signature: _____

Signed and sworn before me this _____ day of _____, 2019.

[Notary Seal]

NOTARY PUBLIC My Commission expires _____.