



PGA

**FOR SECTION USE ONLY**

Fine is applicable for no notification within 10 days.  
Fine Amount \$50 after the 11<sup>th</sup> business day.

If new facility, attach recognized paperwork.  
Are constitutional classification requirements satisfied?  
 Yes  No  
By: \_\_\_\_\_

**RETURN TO SECTION:**

**ASSOCIATE EMPLOYMENT VERIFICATION FORM**

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Associate #:  Last 4 Digits of Social Security Number: /\_\_\_\_\_

**HOME ADDRESS**

Street or Box Number: \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

SEND ALL MAIL TO:  Personal/Home  Facility/Company Email Address: \_\_\_\_\_

**CURRENT FACILITY INFORMATION**

Is this Employment Full Time Or Part Time? Job Title: \_\_\_\_\_

Associate Classification: B - \_\_\_\_\_ (B1 – B23) Job Description: \_\_\_\_\_

\_\_\_\_\_  
(Name of Facility/Company) PGA Section for This Employment: \_\_\_\_\_

\_\_\_\_\_  
(Physical Street Address) Starting Date of This Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

(City) (State) (Zip) Date Contract Signed Or Terms Verbally Agreed To: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Mailing Address If Different Than Above) M M D D Y Y Y Y

(City) (State) (Zip) Print Name of Associate \_\_\_\_\_

\_\_\_\_\_  
(County) Signature of Associate\*\*

(Area Code) (Facility/Company Phone No.) \*\* Signature verifies eligible employment requirements as defined in the

(Area Code) (Facility/Company Fax No.) PGA Constitution and Bylaws have been met.

**Employer May Provide Character Comments (optional):** \_\_\_\_\_

\_\_\_\_\_  
Signature Of Employer / Immediate Supervisor Print Name Of Employer / Immediate Supervisor

**Important:** Members and Associates are cautioned to be factual, as falsification of information could result in disciplinary action against any Member or Associate who completes or verifies this form.



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## ASSOCIATE EMPLOYMENT VERIFICATION FORM

Name: \_\_\_\_\_ Last 4 Digits of SSN #: //\_\_\_\_\_

**FORMER EMPLOYMENT VERIFICATION**

Name of Facility/Company: \_\_\_\_\_ )

Address: \_\_\_\_\_ )  
(Street) (City) (State) (Zip Code)

PGA Section For This Employment: \_\_\_\_\_

Your Job Title At This Facility/Company: \_\_\_\_\_

Associate Classification For This Employment: B - \_\_\_\_\_ (B1 – B23)

Starting Date For This Employment \_\_\_\_\_  
M M / D D / Y Y Y Y

Date Termination Notice Given \_\_\_\_\_ Last Date of Employment \_\_\_\_\_  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y

Note: If Employment is on a seasonal basis, give specific beginning and ending dates of each season.

From \_\_\_\_\_ Through \_\_\_\_\_ From \_\_\_\_\_ Through \_\_\_\_\_  
Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year

Was this employment:  Full-Time  Part-Time

**Employer May Provide Character Comments (optional):**

\_\_\_\_\_  
 Print Name Of Former Employer / Immediate Supervisor

\_\_\_\_\_  
 Signature Of Former Employer / Immediate Supervisor

\_\_\_\_\_  
 Signature Of Associate

\_\_\_\_\_  
 Date

An Associate shall be deemed to have violated the Reporting Requirements for failure to notify the Association or Section of leaving or accepting a position including copy of contract and job description within ten (10) business days according to Article XI, Section 1(a)(1) and Article XI, Section 1 (a)(2) respectively. Fine imposed are as follows:

- \$50 for notification postmarked from the 11<sup>th</sup> business day