



FOR SECTION USE ONLY

Fine is applicable for no notification within 10 days.
 Fine Amount \$50 after the 11th 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: / /
M M D D Y Y Y Y

(City) (State) (Zip) Date Contract Signed Or Terms Verbally Agreed To: / /
M M D D Y Y Y Y

(Mailing Address If Different Than Above)

(City) (State) (Zip)

(County) Print Name of Associate

(Area Code) (Facility/Company Phone No.)

(Area Code) (Facility/Company Fax No.) Signature of Associate**

Employer May Provide Character Comments (optional): ** Signature verifies eligible employment requirements as defined in the PGA Constitution and Bylaws have been met.

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.



FOR SECTION USE ONLY

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

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

By: _____

RETURN TO SECTION:

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 11th business day