

PLEASE ANSWER ALL QUESTIONS AND CERTIFY BY SIGNING BELOW

YES NO

1. Did you refuse any referrals from the Career Center? If "YES" explain below:

2. Did you refuse any job offer this month? If "YES" explain below:

3. Did you work or earn any money in the month claimed? (Include self-employment and commission sales.) If "YES" list employer name, address and amount earned:

4. If your name, address or telephone number has changed since your last report, please complete form MM-0002 - *Member/Benefit Recipient Data Update*. See the Forms section at www.mainebers.org or contact MainePERS directly.

I certify that all statements for the month covered by this report are true and correct.

(YOUR SIGNATURE)

(DATE)

This form must be postmarked to the MainePERS address (found on page 1) by the 5th of the month following the month applicable to this form.



Maine Public Employees Retirement System

In person Employment Contact Form

Month of _____

Company Name and Address: _____

Contact Person Name and Phone Number: _____

By signing this from, I verify that _____
(APPLICANT NAME)

has applied for a position with our organization. My signature does not indicate anything other than the person named above has made contact and has applied for a position with this company.

Signature

Date