

# MAINE PUBLIC EMPLOYEES RETIREMENT SYSTEM EMPLOYMENT CONTACT FORM

FOR THE MONTH OF: \_\_\_\_\_

Recipient Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(PLEASE PRINT)

Mailing Address: \_\_\_\_\_

## EMPLOYMENT CONTACTS

DATE	COMPANY (Name & Address)	CONTACT PERSON (Name & Phone No.)	METHOD (Letter/Phone/ In Person)	DATE APPLICATION SUBMITTED	STATUS OF APPLICATION

MAINE CAREER CENTER VISITS (list dates): \_\_\_\_\_

See separate sheet for employer signature.

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](http://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 5<sup>th</sup> of the month following the month applicable to this form.**



**MainePERS**  
PUBLIC EMPLOYEES RETIREMENT SYSTEM

**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