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**MAINE PUBLIC EMPLOYEES RETIREMENT SYSTEM  
 EMPLOYMENT CONTACT FORM**

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

Recipient Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 (PLEASE PRINT)

Home Phone #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

**EMPLOYMENT CONTACTS**

<b>DATE</b>	<b>COMPANY (Name &amp; Address)</b>	<b>CONTACT PERSON (Name &amp; Phone No.)</b>	<b>METHOD (Letter/Phone/ In Person)</b>	<b>COMMENTS/ FOLLOW-UP (Ex.: Not Hiring)</b>

**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.**



**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