



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