Social Security Verification Check

As condition prior to beginning employment with Ascot Enterprises, Incorporated, upon execution of this addendum to application for employment, I hereby authorize Ascot Enterprises, Incorporated, to verify the accuracy of my social security number, through any and all federal and state government agencies, including the Social Security Administration Office. In the event that the social security number provided is found to be inaccurate or falsely provided, I understand that my employment is subject to immediate termination.

Date_____

_____
Name of Applicant

_____
Signature of Applicant

_____
Date of Birth

_____
Social Security Number

To be filled out by office

Name_____
As appears on Social Security Card

Social Security Number_____

Date of Birth_____

Plant Location_____

Sex Male Female

_____Valid _____Contact Social Security Office