

PROMISE OF FULL-TIME EMPLOYMENT

If an employer guarantees you a full-time job for the future, please have the employer complete and return this form.

Claimant Name: _____ Last four digits of SS# _____

Start Date: _____ Company Name: _____

Company Address: _____

Company Telephone Number: _____ Unemployment Account Number: _____

Signature of Hiring Official: _____

Print Name of Hiring Official: _____

Hiring Employer must return completed form to:

Vermont Department of Labor

P.O. Box 189

Montpelier, VT 05601-0189

Fax: 802-828-9191