



**North Carolina Department of Commerce
Division of Employment Security
Unemployment Insurance
Quality Control**



Date:

PRIVATE EMPLOYMENT AGENCY VERIFICATION

Name Address Address2 City, State, Zip

Employment Agency: _____
Address: _____

Claimant Name: _____
Social Security Number: _____
Batch No: _____

1. Is this individual registered with your agency? Yes No
If yes, please indicate the date of registration _____.

2. Please explain the usual procedure for obtaining work through your agency.

3. Did this individual follow the procedure? Yes No
If no, please explain: _____

4. Was this individual offered a referral for unemployment during the week of 4-26-03?
 Yes No If yes, please indicate the results of each referral.

5. Has this individual refused an offer or referral and /or work since registering with your agency?
 Yes No If yes, please explain. (Include restrictions imposed by the individual for accepting employment such as unrealistic wage demands, unwillingness to work certain days, hours, or shifts, etc.)

Additional remarks: _____

THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Employment Agency Representative **Date**

Signature of Quality Control Investigator **Date**

PHONE: 919-707-1430, FAX: 919-857-1205

Verification Method: I F T M

Help us prevent UI Fraud!
Report Suspected UI Fraud Online at
des.nc.gov
Post Office Box 25903 Raleigh, North Carolina 27611-5903

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