

**CHARLES TOWN WELFARE BENEFIT TRUST**

**EMPLOYEE**

**BENEVOLENCE REQUEST**

*Applications will be processed on or about the 1<sup>st</sup> & 15<sup>th</sup> of each month*

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
*LAST FIRST MIDDLE DATE OF BIRTH*

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CELL \_\_\_\_\_

PHONE \_\_\_\_\_

SS # \_\_\_\_\_

TIN# \_\_\_\_\_

TYPE OF LICENSE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

LENGTH OF EMPLOYMENT \_\_\_\_\_  
*(DATE EMPLOYMENT BEGAN)*

REASON FOR REQUEST \_\_\_\_\_  
*(ATTACH BILLS - ESTIMATES OR RECEIPTS OF PAID BILLS)*

**CERTIFICATION**

I, \_\_\_\_\_ HEREBY CERTIFY THAT \_\_\_\_\_  
*(PRINT) EMPLOYER'S NAME (PRINT) EMPLOYEE'S NAME*

HAS WORKED FOR ME AS A \_\_\_\_\_ SINCE \_\_\_\_\_ AT \$ \_\_\_\_\_ PER WEEK.

PROOF OF EMPLOYMENT: (PAY STUD, 1099) \_\_\_\_\_

EMPLOYEE WEST VIRGINIA PERMIT NUMBER \_\_\_\_\_

**COPY OF PICTURE BADGE FOR EMPLOYEE**

\_\_\_\_\_  
*EMPLOYER'S SIGNATURE*

\_\_\_\_\_  
*PHONE #*

\_\_\_\_\_  
*DATE*