



**American Indian Center of Arkansas**

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[www.AICAgO.org](http://www.AICAgO.org)

**AICA - SCSEP**  
**Employer Information Agreement and Authorization**

I, \_\_\_\_\_ hereby acknowledge that  
(Name of Participant)

when I obtain unsubsidized employment, the American Indian Center of Arkansas will need to obtain information about my dates of employment and wages from my future employer of employers for a limited period. I hereby authorize such future employers to release my wage and employment information to the American Indian Center of Arkansas for a period of 24 months following the date of employment. I understand that collection of this information is required by the United States Department of Labor for reporting and statistical purposes. I also understand that this information is solely intended for use in the Senior Community Service Employment Program (SCSEP) and the information will not otherwise be disclosed in an individually identifying manner.

By signing below, I agree to promptly report to the American Indian Center of Arkansas the names of my employers and to provide the American Indian Center of Arkansas with contact information for my employers for a period of 24 months following the date of employment. I further agree to assist the American Indian Center of Arkansas to the fullest possible extent in obtaining such information from my employer or employers.

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Participant Signature (type your name as your signature)

Date