

Barron County Jail

1420 State Hwy 25N Rm. 1008 Barron WI 54812

Phone: (715) 637-6729 Fax: (715) 637-6750

Huber Employment Verification & Information

Inmate Name: _____ DOB: _____
(First) (Middle) (Last)

SSN: _____ Sentence: _____

Emergency Contact: _____ Phone: _____

Employment

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Tax ID: _____

Date of Hire: _____ Hours Worked: _____

Pay Rate: _____ Job Site: _____

Position: _____ Department: _____

Supervisor: _____ Supervisor Phone: _____

Worker's Comp Ins. Co: _____ Policy Number: _____ & Copy

Liability Insurance Co: _____ Policy Number: _____ & Copy

If Self-Employed: Copy of Schedule C – Federal Taxes Health Insurance

Driver, Vehicle, and Insurance Information

Driver Name: _____ DOB: _____

License Number: _____ State: _____

Vehicle Plate Number: _____ State: _____

Vehicle Color: _____ Make: _____ Model: _____

Liability Insurance Co: _____ Policy Number: _____

** If you have more than one vehicle or driver please attach the above info on a separate sheet

I hereby acknowledge that I have been given a copy of the Barron County Jail Rules, the Huber Rules & Regulations, and I agree to abide by them. I also acknowledge that all the information is accurate and it is my responsibility to inform the Barron County Jail if this information should change.

Inmate Signature: _____

Date: _____