

VERIFICATION OF EMPLOYMENT

Applicant/Co-Applicant Name: _____

In order to determine the eligibility for child care services for the above applicant, please assist by answering the following questions.

THIS SECTION TO BE COMPLETED BY THE EMPLOYER

EMPLOYMENT

Name of Company/Employer: _____

Address: _____

Phone: _____

Email Address: _____

Presently Employed Yes No

Number of Work Hours per Week: _____

Date Employment Started: _____

Date Employment Ended: _____

Receives Paid Time Off (i.e. vacation/sick/snow days): Yes No

Employee Paid: Daily/Per Diem Weekly Bi-Weekly Bi-Monthly Monthly

Rate of Pay \$ _____ per _____ or Annual Salary \$ _____
Hour/Diem/Daily/Bi-weekly/Bi-Monthly/Monthly

Commissions, bonuses, other \$ _____
(Check one) Daily Weekly Bi-Weekly Bi-Monthly Monthly Quarterly Yearly

The above information was provided by:

Signature

Print Name and Title of Individual Completing the Form

Date

I understand that a failure to provide or a deliberate misrepresentation of required information will result in the denial of my application or termination of my child care benefits.

I understand that in order to verify my employment, income and service need, an agency representative will contact my employer. I hereby authorize my employer to release information regarding my income, pay scale, employment hours and schedule of work to the agency to which I am applying.

Applicant/Co-Applicant Signature: _____ **Date:** _____