

Change of Employment Form

CHANGE OF PLACE OF EMPLOYMENT

Note: If your name has changed, you must mail a copy of your new social security card in your current legal name a new W9 form in order for us to legally issue an incentive check.

Current Date: _____

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____

Email Address: _____

PREVIOUS PLACE OF EMPLOYMENT

Previous Place of Employment: _____ Ending Date: _____

NEW PLACE OF EMPLOYMENT

New Place of Employment: _____ EIN#: _____

New Place of Employment Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

New Employment Phone Number: _____

Please indicate the category that best describes your place of employment:

- | | |
|--|---|
| <input type="checkbox"/> Center Facility (13 or more children) | <input type="checkbox"/> Family Child Care (1-6 children) |
| <input type="checkbox"/> Group Child Care (7-12 children) | <input type="checkbox"/> Relative Provider |

Your Job Title:

- | | | |
|---|--|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Relative Provider |
| <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Group Provider | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lead Teacher | <input type="checkbox"/> Family Provider | |

Age Range (s) (check all that apply to the age you work with):

- | | | |
|---|--|---|
| <input type="checkbox"/> Birth to 12 months | <input type="checkbox"/> Toddlers (13 – 30 months) | <input type="checkbox"/> Preschool (31 months to 5 years) |
| <input type="checkbox"/> School Age (5 – 6 years) | <input type="checkbox"/> School Age (6 – 12 years) | |

Applicant Signature: _____ Date: ____ / ____ / ____

EMPLOYMENT VERIFICATION

Note: This form is to be completed by the Director or Supervisor of the Applicant about the Applicant's current job. If you are an Owner of a Family Child Care facility, complete the form yourself.

APPLICANT INFORMATION

Business Name: _____

Applicant's Name: _____

Job Title: _____

Employment Initial Start Date: _____ Current Hourly Wage: _____

How many hours per week OR per year does the applicant work directly with children, staff and parents? _____ OR _____
 Week Year

CRITERIA

Does applicant's current role fall under the following criteria for IdahoSTARS incentives? ☐ Yes ☐ No

- Is enrolled in the IdahoSTARS Professional Development System Registry
- Works in a child care program in Idaho designed to care for children while parents work or attend school
- Works in a child care program with operating hours that extend beyond a preschool only or academic (K – 6th grade) school day
- Works with children, staff and parents a minimum of 15 hours a week or 780 hours a year

SIGNATURE

I have reviewed the applicant and employer information on this form and certify this information to be true and correct to the best of my knowledge.

Director/Supervisor's Signature: _____ Date: ____ / ____ / ____

Contact Number: _____

☐ ICCP Facility

☐ Verified Steps to Quality Facility

Send Form and Supporting Documentation to:

IdahoSTARS

Attn: PDS Registry

4355 W Emerald St., Ste 250

Boise, ID 83706-2072

FAX: 208-345-6569

Email: pds@idahoaeayc.org

Remember to Attach:

☐ Child Care Facility License

☐ Child Care Worker License (if applicable)

☐ Pediatric CPR/Pediatric First Aid