

## Employment Verification Form for Incentive Eligibility

*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 your child care facility, complete the form yourself.*

Current Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PLACE OF EMPLOYMENT

Business Name: \_\_\_\_\_

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

**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) |   |

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 Name: \_\_\_\_\_

Director/Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Number: \_\_\_\_\_