

### Employment Verification Form

I authorize my employer to release any information regarding my employment requested in this form. I also give Stanislaus County Office of Education permission to contact my employer for any clarification regarding information on this form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**To be filled out by the employer:**

In order to provide services to our clients, we must have verification of their employment. You will facilitate this process by answering the following questions regarding this employee.

Name of Employee: \_\_\_\_\_

**Employment Record:** Start date of current position: \_\_\_\_\_

If the employee is returning from a leave, what is the date of return? \_\_\_\_\_

If the employee is temporary, what are the start and end dates of employment? \_\_\_\_\_  
Start date End date

Employee's current position: \_\_\_\_\_ Employee's work phone number: \_\_\_\_\_ ext \_\_\_\_\_

**Employment Schedule:**

Does employee have a regular work schedule (approximately the same days and/or hours each week)?  yes  no  
(If yes, complete Section A; if no, please complete Section B. Do not complete both.)

**Section A:** Please specify the work schedule each day: (Example: M 11 am – 7 pm)

M	T	W	Th	F	S	Su
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Total number of paid hours per week: \_\_\_\_\_

**Section B:** If the employee's work schedule will vary, please answer the following based on what the

employee could work: Circle the possible work days: Su M T W Th F S

- earliest time work begins \_\_\_\_\_
- latest time work ends \_\_\_\_\_
- minimum number of hours per day \_\_\_\_\_
- maximum number of hours per day \_\_\_\_\_
- minimum number of days per week \_\_\_\_\_
- maximum number of days per week \_\_\_\_\_

**Payment:** Rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Check pay period:  weekly  every two weeks  twice a month  monthly

Is it possible that employee could receive any of the following kinds of pay?

shift differentials  bonuses  tips  commissions  overtime

I certify that the information I have given about the above named employee is complete and accurate, to the best of my knowledge.

\_\_\_\_\_  
Name of person completing form (print)

\_\_\_\_\_  
Name of Company / Organization

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address of Company

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

If you have any questions, please contact a Child Care Specialist at (209) 238-6300.