**Verification of Employment**

The person below has indicated that s/he is employed with your business. Please complete the following information and return to employee or directly to Adams County Human Services Child Care Assistance Program at the address at the bottom of the page or via facsimile. The Following information is necessary to determine eligibility for Child Care Assistance. Thank you for your time.

**TO BE COMPLETED BY EMPLOYER**:

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_

First day of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First check date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE’S PAY & WORK SCHEDULE**:

Last check date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wages: \_\_\_\_\_\_\_\_\_\_\_hr/mo Taxes withheld: □ Yes □ No

Pay frequency: □Weekly □Bi-weekly □Semi-monthly □ Monthly/other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional income (overtime/commission/bonuses/tips\*) □ No □ Yes \*If yes, complete the following:

How much: \_\_\_\_\_\_\_\_\_\_ How often: \_\_\_\_\_\_\_\_ \*If tips, what percentage is reported: \_\_\_\_\_\_\_\_\_\_\_\_

**WEEKLY WORK SCHEDULE**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SUN | MON | TUE | WED | THUR | FRI | SAT | TOTAL HRS PER WEEK |
|  |  |  |  |  |  |  |  |

Please fill in above weekly schedule. If varied schedule, please mark any regular days off “OFF.” Fill in other days to the best of your ability. Include earliest time in/latest time off.

IF VARIED schedule, average hours per week: \_\_\_\_\_\_\_\_\_\_\_\_ (**min #hrs.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_(**max #hrs**.)

 **Earliest time in**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Latest time out**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I confirm that the above information is complete and accurate to the best of my knowledge.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number email (optional)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of employer Date