

CHILD CARE EMPLOYMENT VERIFICATION FORM

AUTHORIZATION:

To Whom It May Concern:

I hereby authorize you to provide any information in your possession regarding my job performance, length of employment and character to: A Child's Place

Employee's Signature: _____

VERIFICATION:

Name of Employee: _____ SSN _____

Name of Employer: _____ Phone: (____) _____

Address: _____

1. Dates of Employment: _____ to _____
(month/year) (month/year)

2. Number of Hours Worked per Week: _____
***Do not write 'varied'**

3. Position Title: _____

4. Duties and Responsibilities: _____

5. Additional Comments (optional): _____

Verifier's Signature: _____ Title: _____

FOR OFFICE USE ONLY

Total Hours per week _____ x 4.33 weeks per month = _____

Total hours per month _____ x _____ no. of months = _____

Total hours _____ ÷ 1250 hrs/years = _____ years