

# 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: \_\_\_\_\_

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## 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