



EMPLOYMENT VERIFICATION FORM

TO BE COMPLETED BY 4C COUNCIL PARTICIPANT:

Return To:

Name of Employee _____

I hereby authorize my employer to release the information below to the Community Child Care Council of Santa Clara County (4C Council). I also authorize the 4C Council to contact my employer in the future regarding any information on this form.

Employee Signature

Date

TO BE COMPLETED BY AUTHORIZED EMPLOYMENT REPRESENTATIVE:

Employer _____ Telephone _____

Business Hours of Operation: _____

Local Business Address _____

Is your business a participant in Work Number? If yes, please list Employer Code: _____

Date Employment Starts _____ Date of Re-Hire (if applicable) _____

Hours of Employment:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							

If FLEXIBLE hours of employment, please list:

Minimum # of hours worked per week _____ Minimum # of days per week _____

Maximum # of hours worked per week _____ Maximum # of days per week _____

Circle days employee MAY work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Is there a possibility for overtime? Yes No If yes, is it recurring? _____

Salary: Gross Monthly Salary _____ Or Hourly Rate _____

Circle Pay schedule: Weekly Bi-Weekly Semi-monthly Monthly Check if employee is paid in cash:

Circle if there is a possibility for: Commission Bonuses Tips If yes, how much per month on average? _____

I affirm that to the best of my knowledge and belief the above statements are true. I understand the above information pertains to the employee's eligibility for child care benefits and is subject to review by the State of California Representatives.

Authorized Employer Representative
(PRINT name and title)

Signature and Date



FOR OFFICE USE ONLY:

4C COUNCIL Employee: _____

Confirmation Date: _____

Confirmation Time: _____

Name of authorized employer representative who confirmed information: _____

4C COUNCIL Employee: _____

Confirmation Date: _____

Confirmation Time: _____

Name of authorized employer representative who confirmed information: _____

4C COUNCIL Employee: _____

Confirmation Date: _____

Confirmation Time: _____

Name of authorized employer representative who confirmed information: _____