

PROVIDER EMPLOYMENT VERIFICATION

I, (provider name) _____, authorize the release of information regarding employment to Community Connection for Child Care. This verification is necessary to prove my availability as a child care provider. Please complete and return this form, with original signatures, to Community Connection for Child Care, located at _____.

Provider Signature

Date

Bottom portion is to be completed by the employer.

EMPLOYEE INFORMATION:

NAME _____ POSITION _____ EMPLOYEE ID # _____

HOME ADDRESS _____ TELEPHONE _____

HIRE DATE _____ TERMINATION DATE (IF APPLICABLE) _____

PLEASE COMPLETE THE FOLLOWING FOR THE APPROPRIATE SCHEDULED HOURS:

(For a variable schedule, give an example schedule)

THIS EMPLOYEE WORKS A:

- SET SCHEDULE
 VARIABLE SCHEDULE

MONDAY		a.m./p.m.	to		a.m./p.m.
TUESDAY		a.m./p.m.	to		a.m./p.m.
WEDNESDAY		a.m./p.m.	to		a.m./p.m.
THURSDAY		a.m./p.m.	to		a.m./p.m.
FRIDAY		a.m./p.m.	to		a.m./p.m.
SATURDAY		a.m./p.m.	to		a.m./p.m.
SUNDAY		a.m./p.m.	to		a.m./p.m.

COMMENTS _____

EMPLOYER INFORMATION:

COMPANY NAME _____

STREET ADDRESS _____ ZIP CODE _____

NAME OF PERSON COMPLETING FORM (PRINT) _____

CONTACT TELEPHONE TO VERIFY INFORMATION _____

I, (employer's signature) _____ on this date _____, certify that the above is true and accurate for the individual named above.

If there are any questions regarding this form, please contact _____ at _____.