



## Part 2: Employment Verification Form for Reapplication

**\*\*NOTE:** If there are **NO** changes or updates, fill out section **1**. If there are changes or updates, fill out section **2**.

**1**

Waive of Update to Employment Verification	
I attest that my employment information from my last SF SEED application is correct and up to date. If it is not, I have provided my new information in all of the sections under <b>2</b> .	
SF SEED Applicant Signature: _____	Date: _____
Employer Name and Title: _____	
Employer Signature: _____	Date: _____

**2**

### Applicant Information (Please print)

Last Name	First Name	MI	Social Security
<b>Is this how your name appears exactly on your Social Security Card?</b> <input type="checkbox"/> Yes, same as above <input type="checkbox"/> No, the name on my Social Security Card is: _____			
<b>If you have a California Child Development Permit, what is your permit level?</b> <input type="checkbox"/> I do not have a permit <input type="checkbox"/> Teacher <input type="checkbox"/> Program Director <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Children's Center Instruction <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Children's Center Supervisor			
<b>Have you ever applied for SF Seed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what semester: _____ and year: _____ of most recent application			
<b>Applicant Signature – By signing this form, I certify that the information provided is true and correct.</b> Applicant Signature: _____ Date: _____			

### Site Information

<b>Site Type:</b> <input type="checkbox"/> Center <input type="checkbox"/> FCC	<b>Center/FCC Name:</b> _____	<b>Address:</b> _____	<b>License # (REQUIRED):</b> _____
<b>Site Funding Type (Check all that apply)</b> <input type="checkbox"/> Preschool For All <input type="checkbox"/> CDE/CDD/Title 5			

**Employment Verification** – One of your staff members is applying for a SF SEED Stipend and employment verification is necessary. Please note that once an applicant is approved, in order to continue to be eligible for the stipend, s/he will need a **semester** signature to verify ongoing employment. (FCC owners can skip this section.)

<b>Date employee began working at this center or FCC:</b> _____/_____/_____	<b>Is this employee still employed at your center or FCC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what was their last date of employment? ____/____/____
<b>What is staff member's current average hourly wage?</b> \$ _____ per hour	<b>If staff member is salaried, what is their current annual salary before taxes?</b> \$ _____ per year
<b>On average, how many paid hours does this staff member work providing direct instruction to children per week?</b> (During these hours the staff member must be counted in your center's adult-child ratio.) _____ hours per week	

<b>How many children in each of the following age groups does this staff member work with?</b> # ____ Infant (0 to 23mos) # ____ Toddler ( 2 to 2yrs 11 mos) # ____ Preschool (3-5) # ____ School-Age (5-13) (before & after-school programs only)		
<b>What is staff member's current title?</b>	<b>If different from above, how would you categorize this staff member's current title?</b> <input type="checkbox"/> Substitute <input type="checkbox"/> FCC Assistant <input type="checkbox"/> Assistant <input type="checkbox"/> Associate Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> FCC Owner	
<b>Please indicate the person at your site authorized to verify employment:</b> (Please print name)	<b>Title &amp; Name (PRINT)</b>	<b>Phone Number:</b> (415) _____ - _____ <b>E-Mail:</b> _____
<b>Employer Signature – By signing this form I certify that I am the person at this site/agency authorized to verify employment and that all information provided is true and correct:</b>  <b>Employer Signature:</b> _____ <b>Date:</b> _____		

## APPLICATION DEADLINE IS APRIL 2<sup>ND</sup>, 2013

**MAIL TO:** SF SEED OFFICE 1600 HOLLOWAY AVE, HSS 124, SF, CA 94122  
**OR DROP OFF TO:** CCSF Child Development Office @ Multi-Use Building 249

**The SF SEED Reapplication MUST include ALL of 3 forms:**

1. SF SEED Reapplication Form
2. Employment Verification Form for Reapplication
3. Payment Information Form for Reapplication

### NEXT STEPS...

All reapplicants **must** complete an SF SEED online survey in order for reapplication to be considered!

Find the online survey on the SF SEED website at <http://sfseed.sfsu.edu>