

# YMCA Childcare Resource Service

OFFICE USE ONLY	
Verified by _____	Date _____

## EMPLOYMENT VERIFICATION

I, \_\_\_\_\_ authorize my employer to give the information requested below to YMCA Childcare Resource Service verifying my employment or pending employment.

Parent's Signature \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Name of Company \_\_\_\_\_

Site Employed \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Companies Business Hours and Days \_\_\_\_\_

### ALL SECTIONS NEED TO BE COMPLETED BY THE EMPLOYER:

An agency representative is required to periodically verify the information below.

Date Employment Began/Will Begin \_\_\_\_\_

Is this a Temporary Staffing Agency? Yes / No \_\_\_\_\_

#### SCHEDULE:

Indicate Employees specific Days and Hours:

Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_  
 Sunday \_\_\_\_\_ to \_\_\_\_\_

Do the **HOURS** change regularly (**circle one**) Yes / No **AND** weekly / bi-weekly / monthly

Minimum hours paid per week: \_\_\_\_\_

Maximum hours paid per week: \_\_\_\_\_

Indicate the hours the employee could work between \_\_\_\_\_

Do work **DAYS** change regularly (**circle one**) Yes / No

If **NO** indicate workdays: M T W Th F Sat Sun

Daily Meal Break (**circle one**): 1 hour / half hour ~is it~ paid / unpaid

Is overtime available? (**circle one**) Yes / No If yes, how often? \_\_\_\_\_

#### WAGES:

Gross Monthly Salary \$ \_\_\_\_\_ or Hourly Rate \$ \_\_\_\_\_

Is pay (**circle one**) weekly / bi-weekly / twice a month / monthly?

Is there an opportunity for commission / bonus / tips? (**circle one**) Yes / No

If yes, (**circle one**) Monthly / Weekly / Daily / Hourly

Is the commission / bonus / tips paid separately from the salary or wages? (**circle one**) Yes / No

I verify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Best Time To Be Reached \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_