

Employment Verification Form

This verification is only effective for 45 days.

Note: If you have changed employers within the last 9 months, or if you work in a migrant program, DO NOT USE THIS FORM. You must speak with a Santa Clara CARES Plus staff person to verify your employment. Send email to santaclaracares@wested.org or call (408) 299-1700.

You should only complete this form when you are planning to meet with your CARES Plus college representative or partner agency representative to request a stipend.

This section is to be completed by the applicant's center director/family child care licensee only.

If the director/licensee is the applicant, he or she may complete the section him/herself.

Applicant's name:	Applicant's official job title:	
Official program name (Official name on the license of the center or family child care)		
<p>I hereby certify that I am currently the director/licensee of the program and supervisor of the applicant identified above and that:</p> <p>The applicant currently works in Santa Clara County with children birth to pre-kindergarten age or in an AB 212 school-age program with children kindergarten to age twelve. The applicant holds a position traditionally referred to as assistant/aide, associate teacher, teacher, master/head teacher, site supervisor, assistant director, program director, substitute, family child care owner, or family child care staff. Additionally, the applicant has worked in this program for a minimum of 15 hours per week for at least the last 9 months. To the best of my knowledge, the applicant meets the requirements for participation in the Santa Clara CARES Plus Program.</p> <p>I understand that the incentive he/she/I receive(s) is in addition to his/her/my current wage and/or annual salary and that salary advancement will not be negatively affected by the incentive. I certify that all information related to his/her/my employment is true and correct.</p>		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Signature of director/licensee	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date	
This form is valid for 45 days from this date.		
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Print name	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Job Title	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Phone number

To Be Completed By The Applicant

To ensure the CARES Plus program has up-to-date contact information, please indicate if anything has changed since you last met with a CARES representative:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has your personal contact information changed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your email address changed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you changed jobs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has the number of hours you work per week changed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Has the age group of children you work with changed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has the number of children with special needs you work with changed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has your position with your employer changed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you renewed or upgraded your Child Development Permit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |