



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Employment Verification Form

I certify that _____ SS# _____ - _____ - _____ has worked, **at one site**, in a CDE/EESD
(CARES applicant Name)
funded classroom since ____/____/____.
(Hire date)

Licensed Child Care Center staff

- ☐ Working directly with at least _____ children under 13 years old, in a CDE/EESD funded classroom.
- ☐ Has worked a minimum of 9 months at the child care center.
- ☐ Working a minimum of _____ hours **a week**, at _____

(Center/Site Name and Address)

--OR--

Licensed Family Child Care Home Staff to be completed by FCC Network Staff.

- ☐ Working directly with at least _____ children under 13 years funded by CDE/EESD.
- ☐ Has worked a minimum of 9 months at the family child care home.
- ☐ Working a minimum of _____ hours a week, for _____

(Licensed Family Child Care Program Name and address)

The AB 212 CARES participant, to the best of my knowledge meets the Program requirements.

Print Director/HR rep or FCC Network Staff

Date

Signature of Director/HR rep. or FCC Network Staff

(____) _____ ext: _____
Employer Telephone #

For Office Use Only

Date received: _____

Coordinator Initials: _____

Payment Status: ☐ Approved ☐ Pending ☐ Denied ☐ Incomplete

Verified By: _____ Date Verified: _____ Unable to Verify _____

NOTES: _____
