



Go Kids, Inc.

Employment Verification

Office Use Only

Child
Provider/Center

Applicant Name: _____ Social Security # _____-_____-_____

The above named parent/guardian has applied for subsidized childcare service with our agency. In order to determine the child care needs of this applicant, the following information is required. Please submit this form back to our office by _____.

Authorization: I, hereby authorize my employer to release the information listed below:

Signature: _____ Date: _____

* * * * * **Employer Fills Out** * * * * *

Company Name _____ Telephone _____

Address _____ Zip Code _____

Employee's Start Date: _____ Position: _____

Is employment temporary? _____ If yes, what is the expected termination date? _____

Rate of pay? Hourly \$ _____ Salary \$ _____ Gross Monthly Income _____

Method of pay ☐ Company Check ☐ Personal Check ☐ Other: _____

Pay Frequency ☐ Weekly ☐ BiWeekly ☐ Twice a month ☐ Monthly ☐ Other: _____

Please indicate Work Schedule:

	Monday	_____ to _____
	Tuesday	_____ to _____
<input type="checkbox"/> Variable Work Schedule	Wednesday	_____ to _____
Minimum hours a week _____	Thursday	_____ to _____
Maximum hours a week _____	Friday	_____ to _____
	Saturday	_____ to _____
	Sunday	_____ to _____

☐ Split Shift ☐ Part Time ☐ Full Time

By signing this employment verification form, I certify this information is true and correct.

Employer or Authorized Representative's Signature _____ Date _____

Employer or Authorized Representative's Printed Name _____ Title _____

* * * * * **Go Kids, Inc. Use Only** * * * * *

Telephone Verification - Spoke with: _____ Date: _____

Signature of Agency Personnel: _____