

## Employment & Income Verification

### Parent/Employee Information (to be completed by parent/employee)

Parent's or Guardian's Name: \_\_\_\_\_  
last
first
middle

Address: \_\_\_\_\_  
street
city
zip code
phone number

I authorize my employer to release any information regarding my employment requested in this form. I also give Kidango permission to contact my employer for any clarification regarding information on this form.

\_\_\_\_\_  
Signature of parent/guardian
Date

### Employment Information (to be completed by employer)

Company/Organization Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
street
city
zip code

Hire Date: \_\_\_\_\_ Permanent or Temporary If temporary, \_\_\_\_\_ & \_\_\_\_\_  
start date
end date

Work schedule: specify schedule each day (ie: 8am-5pm) Total number of hours per week: \_\_\_\_\_

M	T	W	Th	F	Sat	Sun
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If schedule varies, circle possible days of work:    M    T    W    TH    F    SAT    SUN

Earliest work start time \_\_\_\_\_ and Latest work end time \_\_\_\_\_  
 Minimum hours a day \_\_\_\_\_ and Maximum hours a day \_\_\_\_\_  
 Minimum days per week \_\_\_\_\_ and Maximum days per week \_\_\_\_\_

### Salary Information (to be completed by employer)

Employee is paid \$ \_\_\_\_\_ (circle one) per hour per week every 2 weeks monthly semi-monthly

Employee is paid by (circle one) business check cash personal check money order

Employee is paid by commission or cash and gross income received in previous month of \_\_\_\_\_ is \$ \_\_\_\_\_.

### Employer Certification (to be completed by employer)

I swear under penalty of perjury, that the information I have given about the above name employee is complete and accurate to the best of my knowledge.

Print name, title and phone number of person completing form:

\_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_  
 Signature of person completing this form

\_\_\_\_\_  
 Date form completed

(See reverse side for Communication Log)

**Verbal confirmation with employer of parent's/guardian's eligibility information.**

Employer Name	Verified with:	Verified by:
_____	_____	_____
	Name                      Date	Kidango Staff Name

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**Parent Self Declaration**

**Under penalty of perjury, I attest that a request for employer documentation would adversely affect my employment. I attest that the contents of the foregoing are true and correct to the best of my knowledge.**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**Kidango Use Only:**

I attest to the reasonableness of the parent's assertion and the reasonableness of the days and hours of employment based on the description of the employment and community practice.

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_