



Go Kids, Inc.
Employment Verification

Office Use Only
Child
Provider/Center

Applicant Name: \_\_\_\_\_

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

[ ] Variable Work Schedule
Minimum hours a week \_\_\_\_\_
Maximum hours a week \_\_\_\_\_

[ ] 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

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Telephone Verification - Spoke with: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agency Personnel: \_\_\_\_\_