Employment Verification

I authorize my employer to release any information regarding my employment requested in this form. I also give Child Action, Inc. or its agents permission to contact my employer for any clarification regarding information on this form.

Parent Name (please print) ____________________________________________________________
Parent Signature____________________________________________________Date____________________

To be completed by Employer. Please verify employment by answering the following:

First day of employment ____________________________________________________________
If employee is returning from a leave, what is the date of the return? ____________________________
If the employee is temporary, what are the start and end dates of employment?__________ Start __________ End __________

Specify if the employee works a set or variable schedule. Please complete only one schedule option.

❑ Set Schedule: Please specify the employee’s set work schedule for each day (Ex. M 11 am – 7 pm)
  M________ T_________ W________ Th________ F__________ S________ S________ Su________
  Total number of hours per week__________.

❑ Variable Schedule: Please circle possible work days and complete items below.

  M W T Th F S Su
  Earliest work start time: ________________ Latest work time: ________________
  Minimum number of hours per day: ________________ Maximum number of hours per days: ________________
  Minimum number of days per week: ________________ Maximum number of days per week: ________________
  Range of total hours per week: ________________

Pay Rate: $____ per _________ Paid: ☐ Daily ☐ Weekly ☐ Every two weeks ☐ Twice per month ☐ Monthly

Paid by: ☐ Paycheck ☐ Cash ☐ Personal check ☐ Other (please specify) ________________

Does the employee receive: ☐ Shift differentials ☐ Bonuses ☐ Tips ☐ Commissions ☐ Overtime

I certify that the information I have given about the above named employee is complete and accurate, to the best of my knowledge. I also understand that Child Action, Inc. (CAI) staff may be contacting me to verify information on this form.

Name of Person filling out form __________________________________________
Title __________________________________________
Signature of Person filling out form _________________________________________
Date of Signature _______________________________________________________
Email Address of Person filling out form (if available) __________________________
Company Website (if available) ___________________________________________

Name of Company/Organization ___________________________________________
Address of Company _____________________________________________________
City, State, Zip Code _____________________________________________________
Company Phone # _______________________________________________________
Days of Operation _______________________________________________________
Hours of Operation _______________________________________________________