

Kinder World
Preschool and Child Care

Employment Verification Information

State Preschool Employment verification to be completed by applicant:

In order to authorize childcare services, the following information must be completed, and returned to Kinder World before childcare services can begin.

Name _____

Name of Employer _____

Date Employment Began _____ How Long You Have Been Employed _____

Hours Worked Per Week _____ Hourly Pay Rate _____

How Paid Bi Wkly Weekly Twice Per Month Monthly

I authorize Kinder World staff to contact my employer to verify the above information and, under penalty of perjury, I certify the above information is true and correct to the best of my knowledge.

Signature

Date

Kinder World
Preschool and Child Care

Employer Verification Form

I authorize my employer to release any information regarding my employment requested in this form. I also give Kinder World Preschool and Child Care permission to contact my employer for any clarification regarding information on this form.

Parent/Guardian Signature

Date

To be completed by employer only:

In order to provide services to our clients, we must have verification of their need for service. To do so we must have employment verification. You will facilitate this process by answering the following questions regarding this employee.

Name of employee _____

Employment Record:

His/hers first date of employment was/is _____

If the 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 _____

Employment Schedule:

Does he/she have a regular work schedule (approximately the same hours each day)? yes no
(If yes, please complete section A; if no, please complete section B. **DO NOT COMPLETE BOTH SECTIONS.**)

Section A: Please specify the work schedule each day: (example: M. 11 a.m.-7 p.m.)

M. _____ Tu. _____ W. _____ Th. _____ F. _____ Sa. _____ Su. _____

Total number of hours worked per week _____

Section B: If the employee's work schedule varies, please answer the following based on what the employee could work.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

1. Earliest time he/she could begin work _____ 2. Latest time he/she could end work _____

3. Minimum number of hours/day _____ 4. Maximum number of hours/day _____

5. Minimum number of days/week _____ 6. Maximum number of days/week _____

Payment: Rate of pay \$ _____ per _____

He/she gets paid _____ weekly _____ every two weeks _____ twice per month _____ monthly

Is it possible he/she could receive any of the following?

___ shift differentials ___ bonuses ___ tips ___ commissions ___ overtime

I certify the information I provided above about the named employee is complete and accurate to the best of my knowledge.

Name & Title of Person Completing the Form

Signature of Person Completing the Form

Name of Company/Organization

Address

Phone Number