Neighborhood House Association
Early Childhood Education Programs

EMPLOYMENT AND INCOME VERIFICATION

OFFICE USE ONLY
Child's name: _____
Site: _____
Verified By: _____ Date: _____
Verified By: _____ Date: _____

PART I TO BE COMPLETED BY PARENT

DO NOT USE WHITE-OUT ON THIS FORM

EMPLOYEE NAME: _____ ( )
Last First Middle *Home Phone #*

ADDRESS: _____ ( )
Number and Street City State Zip Code *Work Phone #*

MY SIGNATURE AUTHORIZES MY EMPLOYER TO PROVIDE THE INFORMATION LISTED BELOW

_____ _____
Employee Signature ***Date Signed***

PART II TO BE COMPLETED BY YOUR EMPLOYER (Please complete every item. Note N/A if not applicable)

DO NOT USE WHITE-OUT ON THIS FORM

COMPANY NAME: _____

COMPANY ADDRESS: _____
Number and Street City State Zip Code

This is to certify that Mr./Mrs./Ms.: _____

Job Title: _____ **First Day of Employment:** _____

Gross Wages: *(Before Taxes)* $ _____ **Per:** *(Check One)* ☐Hour ☐Week ☐2 Weeks ☐½ Month ☐Month ☐Year

Tips/Commissions: $ _____ **Per:** *(Check One)* ☐Hour ☐Week ☐2 Weeks ☐½ Month ☐Month ☐Year

Bonus: $ _____ **Per:** *(Check One)* ☐Hour ☐Week ☐2 Weeks ☐½ Month ☐Month ☐Year

EMPLOYEE'S WORK SCHEDULE IS: ***(Please indicate whether "a.m." or "p.m.")***

From: _____ (Time In) ☐*a.m.* ☐*p.m.* **To:** _____ (Time Out) ☐*a.m.* ☐*p.m.* **On:** *(Check Days Worked)* ☐SUN ☐MON ☐TUES ☐WED ☐THURS ☐FRI ☐SAT

Employee Works: _____ *Number #* **Hours per Week** *(Check One)*

Employee's Work Schedule is: *(Check One)* ☐Regular ☐*Unpredictable ☐On Call

How Often is the Employee Paid: ☐Weekly ☐2 Times Per Month (24 pay periods per year) ☐ Every Other Week (26 pay periods per year) ☐Monthly ☐Hourly

Is the employee paid cash: ☐ Yes ☐ No

COMMENTS: _____

***UNPREDICTABLE WORK SCHEDULE SHALL BE UPDATED MONTHLY UNTIL SUCH TIME AS THE EMPLOYMENT PATTERN BECOMES PREDICTABLE (for CCTR families ONLY).**

I, the undersigned, certify under penalty of perjury that the information entered on this form is true and complete to the best of my knowledge and can be verified by a CDD or EHS/HS representative.

_____ _____
Employer Signature Date

_____ _____
Printed Name and Position/Title Employer Phone Number