

## CHILD CARE SERVICES EMPLOYMENT VERIFICATION

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

Applicant Signature: \_\_\_\_\_ *I give my consent to submit this information to CCS.*

***\*\*Applicant: do NOT write below this line\*\****

### TO BE COMPLETED BY AUTHORIZED COMPANY REPRESENTATIVE

Company Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Employee Hire Date: \_\_\_\_\_ if new hire, date of first full check: \_\_\_\_\_

Position Type: ☐ Full-time ☐ Part-time ☐ PRN

Average Weekly Work Hours: \_\_\_\_\_ Hourly Pay Rate: \$ \_\_\_\_\_

Paid Frequency: ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly

Does employee receive other pay? ☐ YES ☐ NO If yes, enter YTD total below:

Type of Pay: \_\_\_\_\_ YTD Amount: \$ \_\_\_\_\_

Type of Pay: \_\_\_\_\_ YTD Amount: \$ \_\_\_\_\_

If this form is not complete, will you be able to clarify missing information? YES ☐ NO ☐

Via phone: \_\_\_\_\_ Via email: \_\_\_\_\_

\_\_\_\_\_  
Name of Company Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date