

SCHOOL READINESS PROGRAM EMPLOYMENT VERIFICATION FORM



****Six (6) weeks or eight (8) weeks of current and consecutive paystubs are preferred for proof of employment. These will be required at your next interview. There should be no edits on the form such as erases or whiteout. This form may be used on a one-time basis or for new employment ONLY.****

THIS FORM MUST BE COMPLETED BY THE EMPLOYER ONLY

General Information:

Name of Employee: _____ SSN: _____

Address: _____

Job Title: _____ Type of Work Performed: _____

Number of Hours Worked Per Week: _____ Number of Days Worked per Week: _____

How often is the employee paid? Day Week Bi-Weekly Monthly

Rate of pay: \$_____ per _____ Other: _____
Hr/Day/Wk (Explain)

Date current employment began or date returned to work: _____

Does the employee receive tips? Yes No Is employment seasonal? Yes No

Does the employee work evenings and/or weekends? Yes No

Record of Pay Received: In the space below, list the gross amounts and dates of checks or cash that were paid for the last six weeks:

The employee is paid via Cash Company Check Personal Check

Pay Period Ending	Date Pay Received	Rate of Pay	Number of Hours Worked	Number of Overtime Hours	Tips	GROSS Earnings	NET Earnings

Employer Information:

I declare that the above information is true and complete to the best of my knowledge. I know that if I knowingly give wrong information, I am liable for prosecution under state law. Further, I give my consent to the Early Learning Coalition of Osceola County's Direct Service Provider, 4C, as well as the Department of Children & Families, and the Division of Public Assistance Fraud to make inquiry into all statements made above.

Signature of Employer	Print Name (Employer)	Employer's Title
Name of Business	Telephone Number	
Address	Date Completed	