



Community Coordinated Care for Children, Inc.

Orange County
3500 W. Colonial Drive, Orlando, FL 32808
(407) 522-2252



Employment Verification Form

****Four-weeks current and consecutive paystubs are preferred for proof of employment and will be required at your next interview. However, this form may be used on a one-time basis or for new employment 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? Daily Weekly Bi-Weekly Semi-Monthly Monthly

How will they receive their pay? Paystubs Cash Payments Business/Personal Checks

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 which were paid for the last four weeks:

Pay Period Ending	Date Pay Received	GROSS Earnings	Number of Hours Worked	Rate of Pay	Number of Overtime Hours	Tips	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 Community Coordinated Care for Children, Inc., 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