



Child Care Employment Verification Form

AUTHORIZATION:

To Whom It May Concern:

I hereby authorize you to provide any information in your possession regarding my job performance, length of employment and character to Early Years Child Care Centers, Inc.

Employee Signature: *Date:*

VERIFICATION:

Name of Employee: _____

Employer: _____ Phone (____) _____

Address: _____

1. Dates of Employment (Month/Year) _____ to _____
2. Number of hours worked per week: _____
3. Position Title: _____
4. Duties and responsibilities: _____

- _____

5. Additional comments (optional): _____

Verifier's Signature: _____

Title: _____ Date: _____

FOR OFFICE USE ONLY Total Hours per week _____ x 4.33 weeks per month =

Total hours per month _____ x _____ month(s) = _____



Total hours _____ ÷ 1250 hrs./years = _____ Years