



Rincon Community Child Development Center  
P.O. Box 1145 Pauma Valley, CA 92061  
Tel : ( 760 ) 749-1080, Fax (760-742-1067

### Employment Verification Form

Childcare Case Name \_\_\_\_\_

I, \_\_\_\_\_ authorize my employer to give the information requested below to Rincon Community Child Development Center verifying my employment or pending employment.  
Parent's Signature \_\_\_\_\_

#### ALL SECTIONS NEED TO BE COMPLETED BY THE EMPLOYER

Name Of Company \_\_\_\_\_  
Site Employed \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date Employment Began/Will Began \_\_\_\_\_

Indicate DAYS and specify HOURS your employee works:

Monday _____ to _____	Friday _____ to _____
Tuesday _____ to _____	Saturday _____ to _____
Wednesday _____ to _____	Sunday _____ to _____
Thursday _____ to _____	

Total hours worked per week \_\_\_\_\_  
Do work hours and days vary weekly (circle one) Yes/No  
Is overtime required? Yes/No

Gross salary \$ \_\_\_\_\_ or Hourly Rate \$ \_\_\_\_\_  
How often does he/she get paid (circle one) Monthly/Bi-Monthly/ Weekly/ Bi-Weekly  
Is there an opportunity for commission/tips? (circle one) Yes/No  
If yes, estimate the amount \$ \_\_\_\_\_ (circle one) Monthly/Weekly/Daily/Hourly  
Is the commission/tips paid separately form the salary or wages? (circle one) Yes/No

I VERIFY UNDER PENALTY OF PERJURY THAT THE ABOVE MENTIONED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Phone Number \_\_\_\_\_

Date \_\_\_\_\_  
Title \_\_\_\_\_  
Best time to be reached \_\_\_\_\_