



# Employment Verification Form



"A partner in the Smart Start network"

"Building Brighter Futures"

**TO BE COMPLETED BY YOUR EMPLOYER:**

This person has applied for a Child Care Scholarship from Wilson Smart Start. The following information is needed in order to document the applicant's income/employment. Please complete the following information and return to the address shown below by: \_\_\_\_\_

Name of Employee (**Worker**): \_\_\_\_\_

Social Security # or ITIN #: \_\_\_\_\_

Beginning date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Termination date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this a temporary job?  Yes  No If yes, how long is it expected to last? \_\_\_\_\_

How many **hours** does/will the individual work **per week**: \_\_\_\_\_ From \_\_\_\_\_ a.m./p.m. Until \_\_\_\_\_ a.m./p.m.

How many **days per week** does/will the individual work: \_\_\_\_\_ (Please circle) M T W Th F Sa Sun

How often is/will the **pay (be) received**?  Daily  Weekly  Every 2 weeks  Twice a month  Monthly

Check stubs are attached  Yes  No If no, please complete the following information for the month of: \_\_\_\_\_

Date Pay Received Month & Day	Numbers of Hours	Rate of Pay	Bonus or Vacation Pay	Gross Pay	Tips

Please provide **rate of pay** \_\_\_\_\_ (circle one) hourly daily weekly monthly yearly

Does your company pay for child care?  Yes  No If yes, how much? \_\_\_\_\_ how often? \_\_\_\_\_

**Contact information for the person completing this form:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

I verify that all the information contained in this Employment Verification is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<p>Thank you in advance for completing this form. If you have any questions, please contact Wilson Smart Start at 252-206-4235.  109 Park Avenue West, Wilson, NC 27893 **252-206-4235 (phone) **252-206-4245 (fax)  Revised 7/1/2019</p>
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