

**YMCA CHILDCARE RESOURCE SERVICE
EMPLOYMENT VERIFICATION FORM**

Title V Need Regulation 18086

PART 1 TO BE COMPLETED BY PARENT OR GUARDIAN

Name / Nombre: _____

I, _____, hereby authorize YMCA Childcare Resource Service to obtain any information that may affect my eligibility to receive state and/or federal subsidized child care services. Yo, _____, autorizo a YMCA Childcare Resource Service para obtener cualquier información que pueda afectar mi elegibilidad para recibir servicios subsidiados de cuidado infantil del estado y / o federales.

Parent/Guardian Signature / Firma del Padre de Familia/Tutor _____

Date / Fecha _____

PART 2 TO BE COMPLETED BY EMPLOYER

Company Name: _____

Company Address: _____ City: _____ Zip: _____

Date employment began/will begin (mo/dd/yr)? _____ Is this a temporary staffing agency? Yes No

Work Schedule: (indicate employee's specific days and hours)

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

Do the HOURS change regularly? Yes No Do they change weekly/bi-weekly/monthly/bi-monthly? Yes No
(circle one)

Minimum hours paid per week: _____ Maximum hours paid per week: _____

Do the work DAYS change regularly? Yes No

Check all regular work days: Mon Tues Wed Thurs Fri Sat Sun

Could the employee work on a federal holiday? Yes No

Could the employee work overtime? Yes No If yes, how often?

Daily meal break is: Paid Unpaid Daily meal break duration is: 1 Hour 30 Minutes

Wages: Gross Monthly Salary: _____ OR Hourly Rate: _____ Pay is (circle one): weekly/bi-weekly/monthly/bi-monthly

Does employee make tips/commissions/bonuses? Yes No

If yes, those are paid: hourly/weekly/bi-weekly/monthly

Are tips/commissions/bonuses paid separately from the salary or wages? Yes No

I verify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Name of Employment Contact _____ Title _____ Tax ID# _____

Phone: _____ Fax: _____ Best time to be reached: _____

E-mail: _____ Date: _____

Return to: _____ Address: 2602 Hoover Ave., Suite 101, National City, CA 91950