

YMCA Childcare Resource Service

OFFICE USE ONLY

Verified by _____

Date _____

EMPLOYMENT VERIFICATION

I, _____ authorize my employer to give the information requested below to YMCA Childcare Resource Service verifying my employment or pending employment.

Parent's Signature _____

Business Phone Number _____

Name of Company _____

Site Employed _____

Address _____

Occupation _____

Companies Business Hours and Days _____

ALL SECTIONS NEED TO BE COMPLETED BY THE EMPLOYER:

An agency representative is required to periodically verify the information below.

Date Employment Began/Will Begin _____

Is this a Temporary Staffing Agency? Yes / No

SCHEDULE:

Indicate Employees specific Days and Hours:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

Sunday _____ to _____

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

Minimum hours paid per week: _____

Maximum hours paid per week: _____

Indicate the hours the employee could work between _____

Do work **DAYS** change regularly (**circle one**) Yes / No

If **NO** indicate workdays: M T W Th F Sat Sun

Daily Meal Break (**circle one**): 1 hour / half hour ~is it~ paid / unpaid

Is overtime available? (**circle one**) Yes / No If yes, how often? _____

WAGES:

Gross Monthly Salary \$ _____ or Hourly Rate \$ _____

Is pay (**circle one**) weekly / bi-weekly / twice a month / monthly?

Is there an opportunity for commission / bonus / tips? (**circle one**) Yes / No

If yes, (**circle one**) Monthly / Weekly / Daily / Hourly

Is the commission / bonus / tips paid separately from the salary or wages? (**circle one**) Yes / No

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

Signature _____ Print Name _____

Title _____ Best Time To Be Reached _____

Phone Number _____ Fax Number _____

Email Address _____ Date _____