

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY APPLICANT				
Parent/Guardian's Name	Date:			
I hereby authorize release of my employment information.				
Signature of Applicant	Date			
The individual named directly above is an applicant of a child care facili confidential to satisfaction of that stated purpose only. Your prompt response		ided will remain		

Return Form To: Feather River College Child Development Center 570 Golden Eagle Ave, Quincy CA 95971

THIS SECTION TO BE COMPLETED BY EMPLOYER					
Employee Name: Job Title:					
Presently Employed: Yes Date First E	mployed	NoLast Da	y of Employme	ent	
Current Wages/Salary: \$(□ hourly □ weekly □ bi-weekly □ s		early □ other			
Average # of regular hours per week:	Year-to-date earnings: \$	from:	/ /	through:/_/	
Overtime Rate: \$per hour	Average # of overtin	ne hours per we	ek:	<u></u>	
Shift Differential Rate: \$per hour	Average # of shift di	fferential hours	per week:		
Commissions, bonuses, tips, other: \$ hourly □ weekly □ bi-weekly □ s		early □ othe	<u>- </u>		
List any anticipated change in the employee's rate of	of pay within the next 12 months:_			; Effective date:	
f the employee's work is seasonal or sporadic, plea	ase indicate the layoff period(s):				
Additional remarks:					
Employer's Signature	Employer's Printed Na	me		Date	
	Employer [Company] Name an	d Address			
Phone #	Fax #		_	E-mail	

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Employment Verification (March 2009)