



# EMPLOYMENT VERIFICATION FORM

**(EMPLOYER MUST COMPLETE)**

I give my permission for my employer to release information to the Early Learning Coalition.

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

1. Name of employee: \_\_\_\_\_
2. Address of employee: \_\_\_\_\_
3. Type of work performed by employee: \_\_\_\_\_
4. Number of hours worked per week: \_\_\_\_\_ Is employee considered full-time or part-time? FT PT
5. Hourly rate of pay: \_\_\_\_\_ If new job, first pay date: \_\_\_\_\_
6. Does employee receive paystubs? (yes or no) \_\_\_\_\_
7. Date current employment began: \_\_\_\_\_ Date previously employed (if re-hire): \_\_\_\_\_
8. Does employee receive tips? \_\_\_\_\_ Are all tips included in gross income? \_\_\_\_\_  
(yes or no) (yes or no)
9. Does employee receive bonuses? If yes, how often: \_\_\_daily \_\_\_weekly \_\_\_bi-weekly \_\_\_monthly \_\_\_other
10. Does employee receive commissions? If yes, how often: \_\_\_daily \_\_\_weekly \_\_\_bi-weekly \_\_\_monthly \_\_\_other
11. Is employment seasonal? (yes or no) If yes, season begins \_\_\_\_\_ ends \_\_\_\_\_
12. How often is employee paid? \_\_\_daily \_\_\_weekly \_\_\_bi-weekly \_\_\_monthly \_\_\_semi-monthly \_\_\_other

Please complete the following section showing the employee's **Work Schedule** for the last **four** weeks. If new job, complete the following section showing the employee's planned Work Schedule. Please show start and end times for each day of the week as shown in the example below.

EXAMPLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Week 1	8am to 5pm	12pm-7pm	1pm to 5pm	OFF	6pm to 9pm	OFF	12pm to 5pm
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Week 1							
Week 2							
Week 3							
Week 4							

Please list the **most recent** four (4) weeks of pay information. If paid weekly, list four (4) pay periods; if paid bi-weekly or semimonthly, list two (2) pay periods; if paid monthly, list one (1) pay period. If new job and four (4) weeks of pay has not been received, list what pay has been received.

PAY PERIOD START/END DATES	DATE PAY RECEIVED	NUMBER OF HOURS WORKED	GROSS EARNINGS	TIPS/BONUS/ COMMISSION RECEIVED	NET PAY

If the above pay periods do not fairly represent the employee's *typical* work week (due to illness, medical/maternity leave, family emergency, vacation, etc.), please explain:

---



---



---

**EMPLOYER INFORMATION**

The information on this form is true and accurate. I acknowledge that if I intentionally provide false information, I may be subject to prosecution for fraud.

\_\_\_\_\_  
EMPLOYER'S PRINTED NAME

\_\_\_\_\_  
EMPLOYER'S TITLE

\_\_\_\_\_  
EMPLOYER'S SIGNATURE

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
COMPANY ADDRESS

\_\_\_\_\_  
COMPANY PHONE NUMBER

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
DATE FORM COMPLETED

**Early Learning Coalition of Brevard County, Inc.**  
**Rockledge Office 1018 S Florida Ave, Rockledge, FL 32956 Melbourne Office 2671 W Eau Gallie Blvd, Ste 102, Melbourne, FL 32935 Phone: 321-637-1800 Fax: 321-637-1897**