



PRELIMINARY ELIGIBILITY 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 the employee considered full-time or part-time? FT PT
5. Hourly rate of pay: _____ If new job, first pay date: _____
6. Does employee receive pay stubs? (yes or no) _____
7. Date current employment began _____ Date previously employed (if re-hire) _____
8. Does employee receive tips? (yes or no) _____ Are all tips included in gross income? (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 ___other

Please list the most recent pay information

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

1. If the above pay periods do not fairly represent the employee's "typical" work week (due to illness, family emergency, vacation, etc.), please explain: _____

SECTION III-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