

Employment Verification

Parent/Guardian's Name: _____ Date: _____

Name of Employer: _____

Address of Employer: _____

Phone Number of Employer: _____

I authorize my employer to release the following information to the Feather River College Child Development Center for the purpose of enrolling my child in their Center. I understand that the information provided will remain confidential.

Signature of Employee: _____ Date: _____

This Section To Be Completed By Employer

Employee's Name: _____ Job Title: _____

Presently Employed: Yes _____ First Day of Employment _____

No _____ Last Day of Employment _____

Current "Gross" Wages/Salary per Pay Period \$ _____

Pay Periods-Check One: weekly bi-weekly semi-monthly monthly

Employee's Work Schedule-Please Note Actual Times & "a.m. and/or p.m."

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Employer's Business Hours of Operation:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

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

Employer's Name & Title _____

Employer's Signature _____ Date: _____