



# Employment Verification Form

This person has applied for a Child Care Scholarship from Smart Start Rowan. The following information is needed in order to document the applicant's income/employment. Please complete the following information and return to the address shown below by: \_\_\_\_\_

Name of Employee (worker): \_\_\_\_\_

Social Security # or ITIN #: \_\_\_\_\_ Beginning date of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this a temporary job?  Yes  No If yes, how long is it expected to last? \_\_\_\_\_

How many hours does/will the individual work per week: \_\_\_\_\_

How many days per week does/will the individual work: \_\_\_\_\_

How often is/will the pay (be) received?  Daily  Weekly  Every 2 weeks  Twice a month  Monthly

Check stubs are attached  Yes  No If no, please complete the following information for the month of: \_\_\_\_\_

**(Please DO NOT complete the table below if completing for a new employee, skip to the next question)**

Date Pay Received Month & Day	Numbers of Hours	Rate of Pay	Bonus or Vacation Pay	Gross Pay	Tips

If client is newly employed, please provide rate of pay \_\_\_\_\_ (circle one) hourly weekly monthly daily

Does your company pay for child care?  Yes  No If yes, how much? \_\_\_\_\_ how often? \_\_\_\_\_

**Contact information for the person completing this form:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

I verify that all the information contained in this Employment Verification is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you in advance for completing this form. If you have any questions, please contact a Child Care Scholarship Specialist at 704-630-9085.