



## Employment Verification Form

*(To be completed by employer)*

This person has applied for a Child Care Scholarship from Duplin County Partnership for Children. 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 TIN #: \_\_\_\_\_ 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: \_\_\_\_\_ From \_\_\_\_\_ a.m./p.m. Until \_\_\_\_\_ a.m./p.m.

How many days per week does/will the individual work: \_\_\_\_\_ (Please circle) M T W Th F Sa Sun

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: \_\_\_\_\_

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

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  
 Duplin County Partnership for Children PO Box 989, Kenansville, NC  
 149 Limestone Road, Kenansville, NC 28349  
 910-296-2000 (phone) 910-296-1497 (fax)