



Smart Start of Davidson County

306 East US Highway 64 • Lexington, NC 27292
Phone (336) 249-6688 • Fax (336) 249-6687

Employment Verification Form

The following person has applied for one of our programs. By signing the application, you are giving us permission to contact you in case we need to verify any of the following information. Please verify employment information for the following person and return this form to the employee or to us directly at your earliest convenience.

Employee Name _____
Applicant (child(ren)'s name(s)) _____

Program family is applying for: North Carolina Pre-Kindergarten (NCPK) SSDC Child Care Scholarship

Is the person named above currently employed by you or your company? Yes No

Hire Date: _____

If newly hired, what is the date for first payment received or anticipated? : _____

(for which the person worked a full pay period)

On average, how many hours will the person be working per week? _____

Pay Rate: \$ _____ hourly weekly biweekly monthly

How often will the pay be received?

weekly biweekly (every two weeks) bimonthly (twice a month) monthly

If no pay stubs or payroll summary can be provided, please complete the following table with payments for the following period of time:

Pay Date/ Check Date	Hours Worked	Rate of Pay	Reg. Gross Pay	Overtime Hours Worked	Rate of Pay	Overtime Gross Pay	Tips

Name of the Company/Employer: _____

Company/Employer Address: _____

City: _____ Zip Code: _____ Phone#: _____ Fax# _____

Name of person filling out this form: _____ Title: _____

Signature: _____ Date: _____