



Smart Start of Davidson County  
 306 E. US Highway 64  
 Lexington, NC 27292  
 Phone: (336) 249-6688  
 Fax: (336) 249-6687  
[www.partnershipforchildren.org](http://www.partnershipforchildren.org)

## Employment Verification Form

**This form is only necessary if paycheck stubs cannot be provided.**

The following person has applied for or is currently receiving services from the Smart Start of Davidson County Child Care Scholarship Program. By signing this form, 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.

1. Employee Name \_\_\_\_\_

2. Applicant (child(ren))'s name(s) \_\_\_\_\_

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

4. Hire Date: \_\_\_\_\_

5a. If newly hired, what is the first pay date when the employee will have worked for a full pay period? : \_\_\_\_\_

**OR...**

5b. If a recent change in pay rate or hours has occurred, what is the first pay date when the change will have been in effect for a full pay period? \_\_\_\_\_

6. On average, how many hours will the person be working per week? \_\_\_\_\_

7. Pay Rate: \$ \_\_\_\_\_  hourly  weekly  biweekly  monthly

8. 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 most recent 2 months (8 weeks) of income.

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# \_\_\_\_\_ Contact Email: \_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_