



Smart Start of Davidson County
 803 W. Center Street
 Lexington, NC 27292
 Phone: (336) 249-6688
 Fax: (336) 249-6687
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: _____