

# Choices for Children



Child Development Incorporated

## Employer's Certification of Employment

Name of Applicant \_\_\_\_\_

Name of Employer \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

Employer's Address \_\_\_\_\_

**MY SIGNATURE AUTHORIZES MY EMPLOYER TO RELEASE THE INFORMATION REQUESTED BELOW.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### To Be Completed By Employer Only

This business participates in The Work Number. The Employer Code is: \_\_\_\_\_

Hire Date: \_\_\_\_\_  Return Effective Date: \_\_\_\_\_  Change Effective Date: \_\_\_\_\_

Full Time  Part Time  Type of Schedule:  Set  Variable  On-Call  
Hours per week: Min. Hrs/week \_\_\_\_\_ Max Hrs/week \_\_\_\_\_

Work Schedule (please identify):

Day of the Week	SUN	MON	TUES	WED	THURS	FRI	SAT
From							
To							

Description of Work: \_\_\_\_\_

Pay Period (please check): Hourly  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Gross Monthly Earnings: \_\_\_\_\_  Cash and/ or  Check

**I certify under penalty of perjury that the above stated information is true and accurate.**

Authorized Employer Representative: \_\_\_\_\_ Signature of Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
(Print Name)

CFC OFFICE USE ONLY:     Pay Rate \_\_\_\_\_     Schedule \_\_\_\_\_     Other: \_\_\_\_\_

**First Attempt**

Name of Authorized Employer Representative:	Position:	Phone Number:
CFC Employee:	Comments:	Date:

**Second Attempt**

Name of Authorized Employer Representative:	Position:	Phone Number:
CFC Employee:	Comments:	Date:

**Third Attempt**

Name of Authorized Employer Representative:	Position:	Phone Number:
CFC Employee:	Comments:	Date: