

# BAKERSFIELD CITY SCHOOL DISTRICT



**State Pre-K Program**

1111 10<sup>th</sup> Street  
Bakersfield, CA 93304

BAKERSFIELD CITY  
SCHOOL DISTRICT



STATE PRE-K

EDUCATION CENTER, 1300 BAKER STREET  
BAKERSFIELD, CALIFORNIA 93305-4399  
(661) 631-4936 FAX: (661) 859-0513

## Employment Verification Form

The following information is requested to justify enrollment in a subsidized child care and development program for your employee's child/ren. All information provided will be held confidential. Thank you for your assistance.

**MUST BE COMPLETED BY EMPLOYER ONLY**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

First day of Employment: \_\_\_\_\_

**PLEASE FILL IN ALL HOURS and DAYS EMPLOYEE WORKS:**

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Work begins	:	:	:	:	:	:	:
Work ends	:	:	:	:	:	:	:
Check probable work days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Check here for <b>VARIABLE/FLEXIBLE/ALTERNATING</b> schedule <input type="checkbox"/> Check here for <b>ON-CALL</b> only work							
Total Number of Hours Typically Worked per Week: _____							
Does employee occasionally work extra hours or days: <input type="checkbox"/> Yes <input type="checkbox"/> No							
How often are employees paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly							
Does employee receive any of the following: <input type="checkbox"/> Bonuses <input type="checkbox"/> Tips <input type="checkbox"/> Overtime <input type="checkbox"/> Commissions							
Please fill in Gross Monthly Salary \$ _____ or Hourly Rate \$ _____							

I affirm that, to the best of my knowledge, the above information is true and correct.

Business Name	(_____) _____	(_____) _____
	Phone	Fax
Business Physical Address	City	Zip Code
Legal signature of Employer or Designee	Printed Name of Employer or Designee	
Title (please use stamp or attach a business card)	Date / ____ / ____	

I authorize the release of employment verification information to this agency in order to determine eligibility for subsidized child care provided by the Department of Education, Child Development Division. I declare under penalty of perjury that the information provided above is true and correct to the best of my knowledge. I will notify the Pre-K office immediately if there is any change in my income, employment status or work schedule.

Employee name (please print)	Employee/Parent/Guardian Signature	Date / ____ / ____
Child's Name		

**\*\*For Pre-K Staff Use ONLY\*\***

Name of Contact: \_\_\_\_\_ Date Employment Verified: \_\_\_\_\_ Staff Initials: \_\_\_\_\_