

EMPLOYMENT VERIFICATION

Parent's Name: _____
Address: _____
City: _____ Zip Code _____
Phone #() _____
Date of Birth: _____
Social Security Number: _____

Agency: Hoover Intergenerational Care, Inc.
3216 South Hoover Street
Los Angeles, CA 90007

DATE: _____

Dear Employer:

In order for my child(or children) to receive child development services, I need to have a verification of my employment.

I _____, authorize the release of the information requested below to Hoover Intergenerational Care, Inc.

To Be Completed by Employer Only

Employer: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Position/Title: _____ Hire Date: _____

(Parent's Name)

Supervisor _____

Work Days: Mon Tue Wed Thu Fri Sat Sun Work Hours: _____ a.m. _____ p.m.
Hours per day _____ _____ _____ _____ _____ _____ Hourly Rate: \$ _____

How Often Paid (check one): Weekly Bi-Weekly Semi-Monthly Monthly
How Paid (check one) Cash Check

Federal Tax I.D. _____ State Tax I.D. _____
Monthly Gross Salary \$ _____

Print Name: _____ Signature: _____ Date: _____
(Authorized Employer Representative)

Title: _____ Phone() _____ Contact Hours: _____

I declare under penalty of perjury and the laws of the State of California that the above information is true and correct to the best of my knowledge.

Date Received _____	Verified by: _____	Date: _____
Accepted <input type="checkbox"/>	Denied <input type="checkbox"/>	DOE _____
		(agency representative)
		Recertification Date: _____