

EMPLOYMENT VERIFICATION

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

Parent's Name: _____

Address: _____

City, State Zip: _____

Phone No. _____

Date of Birth _____

Soc Sec No _____

Dear Employer:

In enter 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, State Zip: _____

Phone No. _____

Position: _____

Hire Date: _____

Supervisor: _____

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Work Hours |
|---------------|-----|-----|-----|-----|-----|-----|-----|----------------------|
| Hours per day | | | | | | | | _____ am _____ pm |
| | | | | | | | | Hourly Rate \$ _____ |

Frequency of Pay Weekly Bi-Weekly Semi-Monthly Monthly

How Paid (check one) Cash Check

Federal Tax ID _____ State Tax ID _____

Monthly Gross \$ _____

Print Name: _____

(Authorized Employer Representative)

Signature: _____

Title: _____

Phone: _____

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 Recv'd: _____ Verified by: _____ Date: _____

Accepted Denied DOE _____ Recertification Date: _____