



Employment Verification Form

"Building Brighter Futures"

"A partner in the Smart Start network"

TO BE COMPLETED BY YOUR EMPLOYER:

The person below has applied for a Child Care Scholarship from Wilson Smart Start (Wilson County Partnership for Children). The following information is needed in order to document the applicant's income/employment. Please complete the following information and return to the address shown below by: _____

Name of Employee (**Worker**): _____

Social Security # or ITIN #: _____

Beginning date of employment: ____/____/____

Termination date of employment: ____/____/____

Is this a temporary job? Yes No If yes, how long is it expected to last? _____

How many **hours** does/will the individual work **per week**: _____ From _____ a.m./p.m. Until _____ a.m./p.m.

How many **days per week** does/will the individual work: _____ (Please circle) M T W Th F Sa Sun

How often is/will the **pay (be) received**? Daily Weekly Every 2 weeks Twice a month Monthly

Check stubs are attached Yes No If no, please complete the following information for the month of: _____

Date Pay Received Month & Day	Numbers of Hours	Rate of Pay	Bonus or Vacation Pay	Gross Pay	Tips

Please provide **rate of pay** _____ (circle one) hourly daily weekly monthly yearly

Does your company pay for child care? Yes No If yes, how much? _____ how often? _____

Contact information for the person completing this form:

Name: _____ Title: _____

Name of Company: _____

Phone number: _____ Fax number: _____

Email: _____

I verify that all the information contained in this Employment Verification is true and correct.

Signature _____

Date _____

Thank you in advance for completing this form. If you have any questions, please contact Wilson Smart Start at 252-206-4235. You may submit this completed form by fax at (252) 206-4245, by email at Charlene.lucas@Wilsonpfc.org, or by outside dropbox at 109 Park Avenue West, Wilson, NC 27893
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