



Employment Verification

Riverside County Office of Education, Early Care and Education may provide subsidized child care services to the person listed below. In order to document eligibility and need, we are required to obtain the following information from the employer.

Employee Release of Information (to be completed by employee):

I, _____, hereby authorized the Division of Early Learning Services to verify my employment information.

_____ Employee's Signature

_____ Social Security Number

_____ Date

THIS SECTION TO BE COMPLETED BY EMPLOYER:

The company utilizes the services of *The Work Number* for all information pertaining to employment status. Riverside County Office of Education, Early Care and Education does not have access to employment verification information provided through www.theworknumber.com. If your employer participates in The Work Number, please request your login information and PIN number, from your employer, so that you can access the database.

_____ Company Name (as listed with *The Work Number*)

_____ Company Code

This certifies that _____ is employed by _____
(Employee Name) (Company Name)

Work Site Address: _____ Work Site Phone: _____

Starting date of employment: _____ Employee is: Permanent Probationary Temporary

Employee Paid: Weekly Every other week Twice per month Monthly

Employee is: Salaried \$ _____ (per month) Hourly \$ _____ (per hour)

Employee Receives: Tips Commission Overtime pay

Work Schedule (Select One): Set Work Schedule (Complete Box A) Variable Work Schedule (Complete Box B)

Set Work Schedule (if employee has fixed days and hours of employment):

Box A	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

Variable Work Schedule (if days and hours of employment fluctuate):

Indicate days employee may be scheduled:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Minimum hours per week: _____ Maximum hours per week: _____

Supervisor Name (Print): _____ Position: _____

Company Physical Address: _____

City, State, Zip: _____

Company Telephone: _____

Supervisor Signature: _____ Date: _____

FOR OFFICE USE ONLY: Verified By: _____ Date: _____ Verified With: _____



Verificación de empleo

Riverside County Office of Education puede proporcionar servicios de cuidado infantil subsidiado a la persona nombrada a continuación. Se nos requiere obtener la siguiente información de su patrón para poder documentar la elegibilidad y necesidad.

Consentimiento para divulgar información del empleado (para llenarse por el empleado):

Por medio de la presente, yo _____, autorizo a Early Learning Services para que obtenga la información necesaria.

Firma del empleado

Número de Seguro Social

Fecha

THIS SECTION TO BE COMPLETED BY EMPLOYER:

Esta compañía usa los servicios de The Work Number para toda la información relacionada con el estatus de empleo. Riverside County Office of Education, Early Care and Education no tiene acceso a información de verificación de empleo proporcionada por medio de www.theworknumber.com. Si su empleador participa en The Work Number, por favor solicítele su nombre de usuario y código de acceso para que usted pueda acceder la base de datos.

Nombre de la compañía (como listada en The Work Number)

Código de la compañía

This certifies that _____ is employed by _____
(Employee Name) (Company Name)

Work Site Address: _____ Work Site Phone: _____

Starting date of employment: _____ Employee is: Permanent Probationary Temporary

Employee Paid: Weekly Every other week Twice per month Monthly

Employee is: Salaried \$ _____ (per month) Hourly \$ _____ (per hour)

Employee Receives: Tips Commission Overtime pay

Work Schedule (Select One): Set Work Schedule (Complete Box A) Variable Work Schedule (Complete Box B)

Set Work Schedule (if employee has fixed days and hours of employment):

Box A	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____

Box B **Variable Work Schedule** (if days and hours of employment fluctuate):
Indicate days employee may be scheduled:
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday
Minimum hours per week: _____ Maximum hours per week: _____

Supervisor Name (Print): _____ Position: _____

Company Physical Address: _____

City, State, Zip: _____

Company Telephone: _____

Supervisor Signature: _____ Date: _____

SOLO PARA USO DE LA OFICINA: Verified By: _____ Date: _____ Verified With: _____