



# Child Development Division

## VERIFICATION OF EMPLOYMENT

Please fill this form out and mail to: Child Care Resource  
 181 Commerce Street  
 Williston, VT 05495  
 Phone # 1-802-863-3367 or 1-800-339-3367  
 Fax # 1-802-863-4202

If you have any questions, please call the Child Care Subsidy Specialist at the above number.

Date: \_\_\_\_\_ Social Security: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Consent For Release of Employment Verification:**

Employee's Signature: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_ Hourly Rate of Pay: \$ \_\_\_\_\_

Circle days of the week worked: Sun. Mon. Tues. Wed. Thurs. Fri. Sat

Hourly Schedule: \_\_\_\_\_ Estimated # of hrs. per week: \_\_\_\_\_  
 Hours worked daily: (Example: 8 a.m. - 4 p.m.)

Estimated duration of work: \_\_\_\_\_ Expected Lay Off Date: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You For Your Cooperation