

**EMPLOYMENT VERIFICATION FORM**

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

PLEASE RETURN FORM TO:

Address: \_\_\_\_\_

Attn: \_\_\_\_\_

SUBJECT: Verification of Information Supplied by an Applicant for Day Care Assistance

North Bay Regional Center

NAME \_\_\_\_\_

P.O. Box 3360

ADDRESS \_\_\_\_\_

Napa, CA 94558

This person has applied for day care assistance and NBRC is required to verify the information that is used in determining this person's eligibility. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant has consented to this release of information as shown below.

**Area to be completed by Employer  
(Please answer all questions. Answer N/A if the question doesn't apply.)**

Date Employed: \_\_\_\_\_

Work Hours: From \_\_\_\_\_ To \_\_\_\_\_

Number of Hours per Day \_\_\_\_\_

Days of the Week \_\_\_\_\_

Average Hours a Week \_\_\_\_\_

How many days per week does the employee work from home? \_\_\_\_\_

Is Overtime Expected? Yes No

If yes, what is the average amount of overtime worked per month? \_\_\_\_\_

Additional Comments Regarding Work Schedule:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Title (Print)

\_\_\_\_\_  
Firm/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date