ANOKA COUTY CHILD CARE ASSISTANCE PROGRAM RETURN BY:\_\_\_\_\_\_\_\_\_\_\_\_\_

1201 – 89TH Avenue NE, Suite #345, Blaine, MN 55434-3370

763-324-2350 Fax: 763-324-3730

**EMPLOYMENT VERIFICATION**

***EMPLOYER PLEASE COMPLETE ITEMS INDICATED (X OR YES) & RETURN PROMPTLY. THANK YOU.***

EMPLOYER: FROM: CCA 763-324-2350

FAX: 763-324-3730

REGARDING CLIENT:

Signing this form gives my employer and the TALX Corporation, through their website, "The Work Number", permission to give information about my job and salary. Staff from Child Care Assistance, Income Maintenance, and Employment Services will use this data to decide future funding and services. I know that I can refuse to give this information, but I may not get assistance. To cancel this agreement, I must make a written request. Otherwise, it ends one year after the date that is it was signed.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Case #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **START WORK VERIFICATION** |
|  | Start Date: |
|  | Job Title: |
|  | Permanent: YES NO |
|  | If no, length of assignment: |
|  | Wage per hour: |
|  | Hours per week: |
|  | Average tips per week: |
|  | Commission: YES NO |
|  | Date of first check: |
|  | Pay frequency: |
|  | Day of week paid: |
|  | Is job Federal/State Work Study: YES NO |

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| **SCHEDULE IS REQUIRED**  **PLEASE COMPLETE: YES** | |  |
| *DO NOT USE VARIES - PLEASE BE SPECFIC AND INCLUDE AM/PM.* | | |
|  |  |  |
|  | **Week #1** | **Week #2** |
| Sunday | to | to |
| Monday | to | to |
| Tuesday | to | to |
| Wednesday | to | to |
| Thursday | to | to |
| Friday | to | to |
| Saturday | to | to |

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|  |  |  |
| --- | --- | --- |
| **EMPLOYER INFORMATION:** | |  |
| **PLEASE COMPLETE: YES** | |  |
|  |  |  |
| Name of Person |  |  |
| Completing Form: |  |  |
| Signature |  | Date: |
| Company Name |  |  |
| Address: |  |  |
|  |  |  |
| Phone: ( ) |  |  |
| FEIN #: |  |  |
|  |  |  |

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| **INCOME HISTORY: PLEASE COMPLETE (CIRCLE) YES/N0** | | | | | |  |
| Date: | From\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |
| *Please attach printout or complete below.* | | | | |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Date Pd | Number of Hrs | Gross Wages | Tips or Commission | Health Insurance Deduction | Child Support Deduction | Taxes |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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| --- | --- |
|  | **STOP WORK VERIFICATION** |
|  | Last day worked: |
|  | Date of last check: |
|  | Gross of final check: |
|  | Gross year to date: |
|  | Reason job ended: |
|  | Is job still available: YES NO |
|  | Eligible for COBRA: YES NO |
|  | Date of Medical Leave: |
|  | Date of Expected Return: |

|  |  |  |  |
| --- | --- | --- | --- |
| **BENEFITS: PLEASE COMPLETE (CIRCLE) YES/N0** | | |  |
|  | Please  Circle | Date Eligible | Monthly Amount (Employee Portion) |
| Medical Insurance | Yes No |  | $ |
| Dental Insurance | Yes No |  | $ |
| Disability | Yes No |  | $ |