GUSD Preschool Program
Employment Verification

Applicant:_____

The above named parent/guardian has applied for state preschool services with our agency. In order to determine the child care needs of this applicant, the following information is required. Please submit this form back to our office.

Authorization: I, hereby authorize for Gilroy Unified School District Preschool Program and its representatives to verify any and all information from my employer to determine my family eligibility during the certification process. I understand all information is strictly confidential. I hereby authorize my employer to release the information listed below:

Signature: _____   Date: _____

To be completed by Employment Representative

_____
Company Name   Telephone

_____
Address   Zip Code

Employee's Start Date: _____   Position: _____

Is employment temporary? _____   If yes, what is the expected termination date? _____

Employee gets paid?   Hourly $ _____   Salary $ _____   Gross Monthly Income _____

Method of pay   ☐Company Check   ☐Personal Check   ☐Other: _____

Pay Frequency ☐Weekly   ☐BiWeekly   ☐Twice a month   ☐Monthly   ☐Other: _____

Please indicate Work Schedule:

☐Split Shift   ☐Part Time   ☐Full Time

☐Variable Work Schedule

   Minimum hours a week _____

   Maximum hours a week _____

Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____
Sunday	_____ to _____

I affirm that to the best of my knowledge and belief the above statements are true. I understand the above information pertains to the employee's eligibility for state preschool services and is subject to review by the State of California Representatives.

_____   _____
Employer or Authorized Representative's Signature   Date

_____   _____
Employer or Authorized Representative's Printed Name   Title