

Employment Verification

EMPLOYER - Please scan/email or mail
back to: Kids First – Nancy Nichols
nancy.nichols@aspen.gov 970-920-5363
215 North Garmisch, Suite 1, Aspen, CO 81611

TO BE COMPLETED BY APPLICANT: (Complete the Information for each job)

Employer : _____

Phone Number: () _____

Fax Number: () _____

Address: _____

Employee Name: _____

Phone #: () _____

Cell Phone #: () _____

Address : _____

Applicant Release Statement:

Applicant Name: _____ Date: _____

I hereby authorize the release of the following information in order to determine my eligibility for the Kids First Childcare Financial Aid. Please complete this form in full and return it to Kids First as soon as possible – childcare financial aid will not be awarded without this information.

Signature: _____

TO BE COMPLETED BY EMPLOYER:

The employee named above has applied for Kids First Childcare Financial Aid. We must verify all income for this person and their household to determine eligibility. Please complete the following information and return as soon as possible.

Your assistance in completing this form accurately and timely is greatly appreciated!

If the item does not apply, please indicate by placing "N/A" on the appropriate line.

Position or Title: _____ Date of Hire: _____ **YES** **NO**

Compensation Information

1. Hourly Wages \$ _____ Has employment been continuous?
2. # of Hours/Week _____
3. # of Weeks/Year (Including paid vacations) _____ If NO, please explain _____
4. Year To Date Earnings \$ _____ Through (date) / /

Overtime Information

5. Hourly Overtime Wages \$ _____ Is overtime seasonal?
6. # of Overtime Hours/Week _____ # of Weeks of OT/Year _____

Raise Information

7. Next Raise (Please state hourly increase) \$ _____ Comments: _____
8. Date of Next Raise _____

Additional Compensation Information

9. Tips/Week \$ _____ Comments: _____
10. Bonuses, Commissions or Other Types \$ _____

Signature of Employer/Supervisor: _____ Title: _____

Printed Name of Employer/Supervisor: _____

Date of Completed Form: _____ Phone #: () _____