

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 : _____ Employee Name: _____
Phone Number: () _____ Phone #: () _____
Fax Number: () _____ Cell Phone # : () _____
Address: _____ 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: _____

Compensation Information

			<u>YES</u>	<u>NO</u>
1. Hourly Wages	\$ _____	Has employment been continuous?	<input type="checkbox"/>	<input type="checkbox"/>
2. # of Hours/Week	_____			
3. # of Weeks/Year <i>(Including paid vacations)</i>	_____	If NO, please explain		
4. Year To Date Earnings	\$ _____	Through <i>(date)</i>	/	/

Overtime Information

5. Hourly Overtime Wages	\$ _____	Is overtime seasonal?	<input type="checkbox"/>	<input type="checkbox"/>
6. # of Overtime Hours/Week	_____	# of Weeks of OT/Year	_____	

Raise Information

7. Next Raise <i>(Please state hourly increase)</i>	\$ _____	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 #: () _____