

Alameda County Pilot Program Employment Verification Form (03/08/17)

Name of Employee _____

Name of Business/Company _____ Business/Company Phone # _____

Business/Company Address _____ City/State/Zip: _____

MY SIGNATURE AUTHORIZES MY EMPLOYER TO RELEASE THE INFORMATION REQUESTED BELOW.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER ONLY
EMPLOYER MUST FAX DIRECTLY TO ATTEN: Blanca Quiroz Fax No. 510-897-6909
or SCAN & EMAIL TO: bquiroz@kidango.org

Hire Date: _____ Job Title: _____

Description of work: _____

Type of Schedule: SET VARIABLE ON-CALL

Work Schedule: *If SET schedule, please provide start & end time per day. (example: 8am-5pm)*

	SUN	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SAT
Work Schedule	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

Work Schedule: *If schedule is VARIABLE, please circle possible days of work.*

SUN MON TUES WED THUR FRI SAT

Total number of hours per week: _____

Earliest work start time: _____	AND	Latest work end time: _____
Minimum hours a day: _____	AND	Maximum hours a day: _____
Minimum days per week: _____	AND	Maximum days per week: _____

Salary Information:

Pay Rate: _____ per HOUR DAY WEEK MONTH

Pay Type: COMPANY CHECK PERSONAL CHECK CASH OTHER _____

Pay Period: WEEKLY BI-WEEKLY BI-MONTHLY MONTHLY

Will this employee get overtime? YES NO *If "yes," how often is the overtime?* _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE STATED INFORMATION IS TRUE AND ACCURATE.

EMPLOYER NAME AND TITLE _____ EMPLOYER SIGNATURE _____

EMAIL _____ CONTACT PHONE NUMBER _____ DATE _____

STAFF USE ONLY (see Title 5, §18086)

Verification: Date: _____ Time: _____

Name and Title of employer representative who confirmed above information

Comments/Notes: _____

Staff name: _____ **Staff signature:** _____