

**EMPLOYMENT VERIFICATION**

**REQUESTED BY**

Montrose County School District  
Early Childhood Centers/Head Start

PO Box 10,000

Montrose, CO 81402

(970) 249-5858 FAX: (970) 249-7537

Employee Name : \_\_\_\_\_

Preschool Child's Name for whom this information is being provided

**Signature for Release of Information**

**Date**

\*\*\*\*\*

Company or Employer Name: \_\_\_\_\_

Employers Address \_\_\_\_\_

Street

City, State

Zip

1. Is the person named employed by you  Yes  No

2. Hourly Wage \$ \_\_\_\_\_

3. How Many Hours did you work last week (be specific) \_\_\_\_\_ OR

Monthly Gross Income \_\_\_\_\_ Months Per Year \_\_\_\_\_

4. How Often Paid \_\_\_ Daily \_\_\_ Weekly (52 wks)  
\_\_\_ Every Two Weeks (26 wks) \_\_\_ Twice Monthly (24 wks) \_\_\_ Monthly

5. Job Status \_\_\_ Permanent \_\_\_ Part-time \_\_\_ Temporary \_\_\_ Seasonal

6. Starting date of employment \_\_\_\_\_

**EMPLOYER:**

When applicable please attach business card or letterhead of business.

\_\_\_\_\_  
Signature of Person Providing Verification

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone