

**CHILDREN'S HOME SOCIETY OF CALIFORNIA**

**DECLARATION (Employment)**

**Parent Name (Please Print):** \_\_\_\_\_

Employer/Contractor Information:

Company/Agency Name \_\_\_\_\_

Day and Hours of Operation \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Employment Information:

Position Held \_\_\_\_\_

Hire Date \_\_\_\_\_

Income:

Pay rate \$\_\_\_\_\_ per  Hour  Day  Week  Month  Year

Pay schedule:  Daily  Weekly  Biweekly  Twice Per Month  Monthly  Other \_\_\_\_\_

Method of payment:  Check  Cash  Other \_\_\_\_\_

Work Schedule: Set **or** Variable (A *Set Schedule* means the days and hours remain the same each week. A *Variable Schedule* means the work schedule and total hours worked changes each week.)

Set:  Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.

Hours: \_\_\_\_\_

Variable:  Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.

Maximum Days Worked per Week: \_\_ Maximum Hours Worked per Week: \_\_

I can be scheduled to work anytime between the hours of \_\_\_\_\_ to \_\_\_\_\_.

Unpaid lunch break?  No  Yes: If Yes, specify minutes per day \_\_\_\_\_

Job Title/Type of Work Performed \_\_\_\_\_

A request for employment documentation will adversely affect my current employment.

I declare this information is true and correct. I understand that a willful statement of false information for the purpose of receiving state subsidized child care services is considered fraud and is an offense punishable by law. I certify, under penalty of perjury, that the above information is accurate

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

<b>FOR CHS OFFICE USE ONLY:</b>		<input type="checkbox"/> Primary Parent	<input type="checkbox"/> Secondary Parent
Verified By (Name/ Title): _____		_____	
Verified with: _____	Date: _____		
Verified via: _____		_____	
Notes: _____		_____	
Staff Signature: _____	Date: _____		