CHILDREN'S HOME SOCIETY OF CALIFORNIA

DECLARATION (Employment)

Parent Name (Please Print): _____

Employer/Contractor Information

Company/Agency Name _____
Days/ 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

Additional Requests

Travel Time: ☐ No ☐ Yes: (If Yes, specify minutes below)
Minutes to work from provider: _____ Minutes from work to provider: _____

Sleep Time: (Only applicable if work hours are between 10:00 p.m. – 6:00 a.m.)
☐ No ☐ Yes: (If Yes, specify schedule below)
☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat.
Hours:

☐ Optional: Do **NOT** contact my employer since 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

FOR CHS OFFICE USE ONLY: ☐ Primary Parent ☐ Secondary Parent
Verified By (Name/ Title): _____
Verified with: _____ Date: _____
Verified via: _____
Notes: _____
Staff Signature: _____ Date: _____