

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 <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Pay schedule: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ Method of payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other _____	
Work Schedule: Set <u>or</u> Variable (A <i>Set Schedule</i> means the days and hours remain the same each week. A <i>Variable Schedule</i> means the work schedule and total hours worked changes each week.)	
Set: <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. Schedule: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. to _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Variable: <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. Maximum Days Worked per Week: _____ Maximum Hours Worked per Week: _____ I can work anytime between the hours of _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. to _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Unpaid lunch break? <input type="checkbox"/> No <input type="checkbox"/> Yes: If Yes, specify the unpaid minutes per day. _____	
Job Title/Type of Work Performed	
Additional Requests	
Travel Time: <input type="checkbox"/> No <input type="checkbox"/> 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.) <input type="checkbox"/> No <input type="checkbox"/> Yes: (If Yes, specify schedule below) <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. Schedule: _____ <input type="checkbox"/> A.M / <input type="checkbox"/> P.M. to _____ <input type="checkbox"/> A.M / <input type="checkbox"/> P.M	

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