

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