



# Chances And Services for Youth

## CCDF NEW EMPLOYMENT VERIFICATION FORM

Date: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

*\*Please note: Form **MUST** include EIN number for business and/or business card attached for person signing statement.\**

Employer Signature: \_\_\_\_\_