

QUAPAW NATION CCDF PROGRAM

5681 S. 630 Rd
Quapaw, OK 74363

EMPLOYMENT VERIFICATION FORM

(918) 238-3120
FAX (918) 674-5720

(This form should be completed by the Manager or Owner of the Company)

Verification of employment for:

Employee Name:

Company/Employer Name:

Company/ Employer Phone Number

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Company/Employer Address:

City:

State:

Zip:

Manager/Supervisor Name

Title

Date of Employment

Rate of Pay

Number of Hours Employee

Works/Week

/ /
Month / date / year

\$ _____
 Weekly, Bi-weekly, Other

#

Work Schedule: Please list the times employee is scheduled to work.

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
EX:	8a.m.-	8a.m.-	8a.m.-	8a.m.-	8a.m.-	8a.m.-	8a.m.-
Hours:	4p.m.	4p.m.	4p.m.	4p.m.	4p.m.	4p.m.	4p.m.

Check the Type of Pay:

Check Cash Direct Deposit Other, please describe:

Check the type of employment:

Full Time Part Time Temporary Permanent Other:

Manager/Supervisor Signature: _____ Date: _____

This form is for the Quapaw Nation Child Care Development Fund (CCDF) Program, which will be used to determine the client's eligibility for child care services.