



Child Care Services Program
P.O. Box 948
Nome, AK 99762
www.kawerak.org
Email: intake@kawerak.org
1-800-450-4341 or (907) 443-4358
Fax (907) 443-4485 for eFax (907) 802-6183

EMPLOYEE VERIFICATION FORM

Applicant Name _____ SSN (optional) _____ Date _____

I herby authorize the following organization to release information concerning my employment status.

Signature of Applicant

Date

TO BE FILLED OUT BY EMPLOYER:

The above named individual has applied for services through the Kawerak, Inc., Education, Employment and Training Division. Please provide the following information for verification:

Employer Organization Name: _____

Employer Address: _____

Phone Number: _____ Fax Number: _____

Applicant's Job Title: _____ Date of Hire: _____

Hourly Salary: _____ Hours Per Week: _____

Please indicate applicant's employment status:

- Temporary – Full-time through (date) _____
- Temporary – Part-time through (date) _____
- Seasonal through (date) _____
- Permanent – Full-time
- Permanent – Part-time

Please describe the applicant's work schedule:

SIGNATURE OF SUPERVISOR OR EMPLOYER

DATE