



**VERIFICATION OF EMPLOYMENT HISTORY**  
REQUIRED OF ALL FAMILY CHILD CARE  
APPLICANTS, SUBSTITUTES, AND EMPLOYEES

- \_\_\_ I AM APPLYING FOR A FAMILY DAY CARE LICENSE.
- \_\_\_ I AM APPLYING TO BE A SUBSTITUTE FOR: \_\_\_\_\_
- \_\_\_ I AM APPLYING TO BE AN EMPLOYEE FOR: \_\_\_\_\_

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Street* *City* *State* *Zip*

\_\_\_\_\_  
*Signature/Date* *Telephone #*

For the past 24 months I have been:

- Self employed or not employed outside my home from \_\_\_\_\_ to \_\_\_\_\_.
- Employed and will submit an Employer Verification Form for each employer.  
 Your last **two (2) years of employment** are required. The dates of employment are needed.

1. **Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
**Address:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
**Address:** \_\_\_\_\_
3. **Name:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

If the above dates, do not add up to the previous 24 months, list additional places of employment here:

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_

An Employer Verification Form is required for EACH employer listed above. You may make additional copies of the attached form, if needed.

