



Montana Early Childhood Project

Employment Verification Form

Complete this form to verify employment for the Practitioner Registry. Starting in 2011 this form will be the best way to verify employment. Please contact The Early Childhood Project if you have any questions at 1.800.213.6310. This form can be faxed to our office at 406.994.7555 or mailed to PO Box 173540 Bozeman MT. 59717

Employer Certification:

I certify that _____ is currently working as a

_____ (position title).

This individual is employed _____ hours per week for _____ months per year, and began working _____ (mm/dd/yy).

Hourly wage: \$ _____ /hr. Date of last wage increase: _____ (mm/yy).

This person works with the following age range:

- Infants (0-12 Months) Toddlers (13-36 Months) Preschoolers (37-PreK)
 Elementary (K-5th Grade) Adults

Signature of Employer: _____

Name of Program: _____

PV # (if applicable): _____

Wage information is requested to track and report data to advocate for increased compensation for the state and national early childhood workforce. This data will only be reported in the aggregate (no personal or program information will be connected to the wage info provided).

I certify all information given is true and correct.

Applicant Signature: _____ Date: _____

