



montana early childhood project

Employment Verification Form

Complete this form to verify employment for the Practitioner Registry. This is the required employment verification form that must be submitted to verify any new early childhood employment. Please contact The Early Childhood Project if you have any questions at 1.800.213.6310. This form can emailed to ecp@montana.edu or mailed to PO Box 173540 Bozeman, MT 59717.

Employer Certification:

I certify that _____ is currently working as a

(position title)

This is a :

- Family/Group Child Care Child Care Center Head Start
- Early Head Start Public School Agency Staff
- Other _____

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 # (facility license number, if applicable): _____

Note: Wage information is requested to track and report data to advocate for increased compensation for the 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. If you are self-employed we understand that you will need to sign for yourself.

Applicant Signature: _____ Date: _____

