

## nontana early childhood project

## **Employment Verification Form**

Complete this form (required) to verify employment for the Practitioner Registry. You must complete the online employment portion of the Registry application and upload this form there.

This form MUST be filled out by the INDIVIDUAL who is applying for the Practitioner Registry and signed by the employer to verify the information.

I certify that I (your full name) am currently working as a □Director/Owner □Program Administrator □Early Childhood Teacher □Dther □ hours per week for months per year, and began working (mm/dd/yy).  Wage information (Please select one option) Salaried (\$ per year) Hourly (\$ per hour) I do not wish to provide this information  This person works with the following age ranges: Infants Toddlers Preschoolers (37 months-PreK) □Elementary (K-5th Grade) □ Middle (6th - 8th) □ Secondary (High School) Adults  You must sign the Signature of Employer & Applicant Signature if you are the owner/director.  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 the wage info provided).	<b>Employer Certification:</b>		
□Early Childhood Teacher □Other  This individual is employed hours per week for months per year, and began working (mm/dd/yy).  Wage information (Please select one option) Salaried (\$ per year) Hourly (\$ per hour) I do not wish to provide this information  This person works with the following age ranges: Infants Toddlers Preschoolers (37 months-PreK) □Elementary (K-5th Grade) □ Middle (6th - 8th) □ Secondary (High School) Adults  You must sign the Signature of Employer & Applicant Signature if you are the owner/director.  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 that I (your full name)	am currently work	ing as a
This individual is employed	□Early Childhood Teacher	□Early Childhood Assistant Teacher	
Wage information (Please select one option)  Salaried (\$			
Salaried (\$ per year) Hourly (\$ per hour) I do not wish to provide this information  This person works with the following age ranges:  Infants	This individual is employed_working(mm/do	hours per week formonths per yed/yy).	ar, and began
Hourly (\$	Wag	e information (Please select one option)	
Hourly (\$		Salaried (\$per year)	
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	hood workforce. This data will only be re		
certify all information given is true and correct. If you are self-employed we understand that you will need to sign for yourself.		e and correct. If you are self-employed we understan	d that you will
Applicant Signature:Date:	Applicant Signature	Date:	

