



OXNARD SCHOOL DISTRICT

1051 South A Street Oxnard, CA 93030 * 805-385-1501 ext 2322 * Fax 805-240-1736

EMPLOYMENT VERIFICATION/VERIFICACION DE EMPLEO

Parent/Guardian name/ _____
Nombre del Padre/Tutor

Social Security Number/ _____ - _____ - _____
Número de Seguro Social

OFFICE USE ONLY

Center/Session: _____

Child's Name: _____

I authorize my employer to release the following information to the Oxnard School District, State Preschool Program. I also give OSD representative permission to contact my employer for any clarification regarding the information on this form. / Autorizo a mi empleador a dar cualquier información en este formulario al Distrito Escolar de Oxnard, Programa Preescolar. También doy permiso al representante de OSD para que contacte a mi empleador y obtenga cualquier aclaración en cuanto a la información en este formulario.

Parent/Guardian Signature/ _____ Date/ _____
Firma del Padre/Tutor Fecha

EMPLOYER, PLEASE COMPLETE ALL INFORMATION AND SIGN.

The above parent/guardian has applied for childcare services with OSD State Preschool which is State funded. Therefore, we are required by law to ask for the following information in order to establish eligibility. The information is kept confidential. However, this information will be available to State agencies that fund the childcare program.

Employer/Company Name: _____ Employer Tax ID#: _____

Employer's Address: _____ City/State/Zip Code _____

Employer's Telephone #: _____ Ext: _____

Employee Job Title: _____ Employer Hire Date: _____/_____/_____

Temporary Job: Yes No Last Day of Employment: : _____/_____/_____

Employee gets paid in: Cash Company Check Personal Check

Employee is Paid: \$ _____ Hour Day Week Twice a Month Monthly Other: _____

Gross Monthly Income: \$ _____

Pay Period: Weekly Every Two Weeks Twice a Month Monthly Other: _____

Employer Statement: I hereby certify under the penalty of perjury that the information provided is true and correct according to our employee records and that I am the authorized party to give this information on behalf of my employer/company.

Name of Employer Representative Verifying Info: _____ Title: _____
Please print Please print

Signature: _____ Date Form Completed: _____

OFFICE USE ONLY

The above information was obtained from:

Employer _____ Via telephone on: _____
Contact Person/Title Date

Unsuccessful attempts to contact the employer were made: Attempt 1: _____ Attempt 2: _____

The employer refused to verify employment or the parent is self-employed.

Employment income was obtained by alternative verification, explain: _____

I attest that the hours and days of employment and income are reasonable based on the description of the employment and community practice.

Verification by OSD Representative _____ Date _____