



Pendergast Elementary School District
Before and After School Child Care Program

EMPLOYMENT AND WAGE VERIFICATION STATEMENT

The information provided below is used to determine your eligibility for the P.R.I.D.E. Club Child Care assistance scholarships. Eligible applicants will be awarded for the 2021-2022 school year.

Applicant's Name (Last, First, M.I.) _____

Phone No. _____ Email Address: _____

Employee's Signature: _____

EMPLOYER INFORMATION

Employer's Name: _____

Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

EMPLOYEE EMPLOYMENT INFORMATION

Table with sections for Hours (Number of Hours Worked Per Week) and Wages (Hourly Wage or Monthly Salary \$, Frequency Paid, Gross Earnings Amount \$).

CURRENTLY EMPLOYED (Most recent check issued)

Date Last Check Received: _____ Actual Date Paid: _____

IF NO LONGER EMPLOYED

Last Date Worked: _____ Date of Last Paycheck: _____ Termination Date: _____

EMPLOYEE INFORMATION

Applicant's Spouse or Other Individual Name (Last, First, M.I.) _____

Phone No. _____ Email Address: _____

Employee's Signature: _____

EMPLOYER INFORMATION

Employer's Name: _____

Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

EMPLOYEE EMPLOYMENT INFORMATION

Hours	
Number of Hours Worked Per Week (if hours vary, indicate the average per week)	
Wages	
Hourly Wage or Monthly Salary \$	
Frequency Paid (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (every two weeks) <input type="checkbox"/> Semi-monthly (twice per month) <input type="checkbox"/> Other:	
Gross Earnings Amount \$	

CURRENTLY EMPLOYED (Most recent check issued)

Date Last Check Received: _____ Actual Date Paid: _____

IF NO LONGER EMPLOYED

Last Date Worked: _____ Date of Last Paycheck: _____ Termination Date: _____

LIST THE NAMES OF EVERYONE ELSE WHO LIVES IN YOUR HOME IN THE SPACES BELOW

Name:	Relationship to you:
Name:	Relationship to you:
Name:	Relationship to you:
Name:	Relationship to you:
Name:	Relationship to you:
Name:	Relationship to you:
Name:	Relationship to you:
Name:	Relationship to you:

For Office Use Only:

Date Received: _____

Staff Name: _____