



G.W.Y. D.B.P.
CHEROKEE NATION®
Child Care & Development

EMPLOYMENT VERIFICATION

Please mail all requests to Attn: Child Care Subsidy Program
Catoosa Office
750 S. Cherokee, Suite N
Catoosa, OK 74015
918-266-5626
Fax: 918-266-3676

I HAVE APPLIED FOR CHILD CARE SERVICES THROUGH THE CHEROKEE NATION AND HAVE STATED ON THE APPLICATION THAT YOU ARE MY EMPLOYER. MY SIGNATURE BELOW AUTHORIZES VERIFICATION AND RELEASE OF THE INFORMATION REQUESTED.

APPLICANT _____ EMPLOYEE # _____
ADDRESS _____ SOCIAL SECURITY # _____
_____ PHONE #: _____

SIGNATURE _____

To Be Completed By Employer

DATE OF HIRE _____ POSITION TITLE _____

CURRENT SALARY _____ HOURLY WAGE _____

HOW OFTEN PAID _____ WEEKLY _____ BI-WEEKLY _____ TWICE A MONTH _____ MONTHLY

EMPLOYMENT STATUS _____

TOTAL NUMBER WORK HOURS SCHEDULED PER WEEK: _____

WORK SCHEDULE _____

COMPANY/EMPLOYER'S NAME _____ PHONE #: _____

ADDRESS _____
CITY STATE ZIP CODE

AUTHORIZED PERSONS' PRINTED NAME

AUTHORIZED PERSON'S SIGNATURE

AUTHORIZED PERSON'S TITLE

TODAY'S DATE