



GWYD DBP  
**CHEROKEE NATION®**  
Child Care & Development

## EMPLOYMENT VERIFICATION

Please mail all requests to Attn: Child Care Subsidy Program  
Sallisaw Office  
P.O. Box 508  
Sallisaw, OK 74955  
918-775-6226  
Fax: 918-775-3809

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