



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

## EMPLOYMENT VERIFICATION

Please mail all requests to Attn: Child Care Subsidy Program  
Tahlequah Office  
P.O. 948  
Tahlequah, OK 74464  
918-453-5300  
Fax: 918-458-4446

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